



**Ministry of Health  
& Family Welfare  
Government of India**

**NATIONAL ACTION PLAN AND  
MONITORING FRAMEWORK FOR PREVENTION AND  
CONTROL OF NONCOMMUNICABLE DISEASES (NCDs)  
IN INDIA**

**Developed through the WHO-Government of India  
2012-2013 Biennial Workplan**

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# National Action Plan and Monitoring Framework for Prevention and Control of NCDs

## Introduction

Noncommunicable diseases (NCDs) refer to those conditions which are chronic, evolve slowly and are likely to continue progressively unless intervened. It is widely acknowledged that the global burden and threat of noncommunicable diseases constitutes one of the major challenges for development in the twenty-first century. The Moscow Declaration adopted by the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011) was endorsed by the Sixty-fourth World Health Assembly (resolution WHA64.11 in May 2011). The Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (New York, 19–20 September 2011) requested for development of a comprehensive global monitoring framework, including a set of voluntary global targets and indicators, and options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership. The outcome document of the United Nations Conference on Sustainable Development (Rio de Janeiro, 20–22 June 2012), titled 'The future we want', committed to strengthen health systems towards the provision of equitable, universal health coverage and promote affordable access to prevention, treatment, care and support related to NCDs, especially cancer, cardiovascular diseases, chronic respiratory diseases and diabetes. It also committed to establish or strengthen multisectoral national policies for the prevention and control of NCDs.

In response to the aforesaid developments, WHO developed a comprehensive global monitoring framework for prevention and control of NCDs (2013–2020), which was endorsed by the Sixty-sixth World Health Assembly (WHA) in May 2013. The WHA further adapted the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including a set of nine voluntary targets and twenty five indicators which can be applied across regional and country settings<sup>1</sup>. These voluntary targets and indicators aim to monitor trends and to assess progress made in the implementation of national strategies and plans on NCDs with provision of inclusion of additional targets and indicators as per country specific situations.

As a WHO Member State, India is committed to implement an appropriate action plan and take necessary steps to meet the objectives of the global action plan as per suggested timelines. This calls for enhancing the existing capacity, mechanisms and mandates of all relevant stakeholders in facilitating and ensuring action across sectors for prevention and control of NCDs.

In India, NCDs have surpassed communicable diseases as the most common causes of morbidity and premature mortality in the country. As per WHO, NCDs are reported to account for 5.2 million deaths in the country (2008 estimates). More than 80% of all NCD deaths are attributed to four diseases, namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes along with a cluster of risk factors (tobacco consumption, alcohol use, unhealthy diet, physical inactivity, high blood pressure, raised blood glucose and overweight and obesity).

The Government of India (GoI) launched the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in 2010 by merging the National Cancer Control Programme and the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke. The programme is under implementation in 100 districts and will be expanded to cover all districts of the country in a phased manner during the 12th Five Year Plan. The integration of services at district level and beyond, equitable with universal coverage under the umbrella of National Health Mission is envisaged under the programme.

The commitment to strengthen health system stewardship for improved monitoring of NCDs, related risk factors and comorbidities in India was reiterated during GoI-WHO 'Call for Action on NCDs' at New Delhi in 2011.

The development of the National NCD Monitoring Framework and targets was based on a consultative process with the relevant stakeholders. In February 2013, a consultation was held in New Delhi with participation from major national stakeholders to review the current status of NCD surveillance in India. Subsequently, an advisory group on developing a national framework for monitoring the prevention and control of noncommunicable diseases was established which met in June 2013 in Shimla, to reach an agreement on the National NCD Monitoring Framework, in consonance with the WHO Global Action Plan and Monitoring Framework.

The framework outlines 21 indicators and 10 targets as recommended and agreed by the advisory group. These will be used to track progress of actions designed to prevent and control NCDs until 2025, in India (Table 1). Suggested action points by diverse sectors to meet the NCD targets at various levels have been outlined (Table 2).

<sup>1</sup>NCD Global Monitoring Framework ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_8-en.pdf)).

**Table 1: Indicators and targets for NCD prevention and control in India**

S.No.	Framework element	Targets		
		Outcome	2020	2025
1.	Premature mortality from NCDs	Relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease	10%	25%
2.	Alcohol use	Relative reduction in alcohol use	5%	10%
3.	Obesity and diabetes	Halt the rise in obesity and diabetes prevalence	No mid-term target set	Halt the rise in obesity and diabetes prevalence
4.	Physical inactivity	Relative reduction in prevalence of insufficient physical activity	5%	10%
5.	Raised blood pressure	Relative reduction in prevalence of raised blood pressure	10%	25%
6.	Salt/sodium intake	Relative reduction in mean population intake of salt, with aim of achieving recommended level of less than 5gms per day	20%	30%
7.	Tobacco use	Relative reduction in prevalence of current tobacco use	15%	30%
8.	Drug therapy to prevent heart attacks and strokes	Eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	30%	50%
9.	Essential NCD medicines and basic technologies to treat major NCDs	Availability and affordability of quality, safe and efficacious essential NCD medicines including generics, and basic technologies in both public and private facilities	60%	80%
10.	Household indoor air pollution	Relative reduction in household use of solid fuels as a primary source of energy for cooking	25%	50%

**Table 2: Key action points at various levels to achieve national NCDs targets**

S.NO.	Target	Suggested activities
1.	A 25% relative reduction in risk of premature mortality from NCDs	<ul style="list-style-type: none"> <li>• Implement strategies under NPCDCS</li> <li>• Develop policies and strategies for promoting healthy behaviour in various settings, e.g., educational institutions, workplaces, community, etc.</li> <li>• Build capacity of health system including human resources for health promotion activities, early detection and treatment of NCDs</li> <li>• Engage and mobilise civil society and private sector for development and implementation of policies for prevention and control of NCDs</li> </ul>
2.	A 10% relative reduction in alcohol use	<ul style="list-style-type: none"> <li>• Develop and implement national policy/guidelines on regulation of alcohol for voluntary adaption by states</li> <li>• Develop media plans, strategies and conduct activities for awareness building on harmful effects of alcohol</li> <li>• Build capacity of health system for treatment of alcohol addiction e.g. establish de-addiction centres</li> <li>• Strengthen the enforcement of drunken-driving policies and counter measures</li> <li>• Regulate marketing of alcohol beverages and establish pricing policies</li> <li>• Community action, e.g., involvement of civil society in awareness generation and de addiction campaigns</li> </ul>
3.	Halt the rise in obesity and diabetes prevalence	<ul style="list-style-type: none"> <li>• Implement strategies under NPCDCS</li> <li>• Implement promotion of breastfeeding policies</li> <li>• Develop and conduct evidence based public health campaign for early detection and treatment of obesity and diabetes; and promotion of healthy food options</li> <li>• Develop and promote nutrition policies to limit content of sugar in food and non-alcoholic beverages, limit excess calorie intake, reduce portion size and energy density of foods</li> <li>• Develop and implement policy measures for food producers and processors for reducing saturated fatty acids in food and replacing them with unsaturated fatty acids, and replacing trans fats with unsaturated fats in food products</li> <li>• Develop and implement policies and guidelines on marketing of foods and beverages to children</li> <li>• Reduce tax and increase subsidies on food products containing unsaturated fats</li> <li>• Create health and nutrition monitoring environments in educational institutions, work places, health facilities etc.</li> </ul> <p>The action points suggested in physical inactivity also contribute in achievement of obesity and diabetes target</p>
4.	A 10% relative reduction in prevalence of insufficient physical activity	<ul style="list-style-type: none"> <li>• Develop and implement national guidelines on physical activity for health</li> <li>• Promote physical activity through evidence based public health campaigns by incorporating enhanced physical activity in daily routine, including through “active transport”, recreation, leisure, sports etc.</li> <li>• Promote physical activity in schools through school based programmes and at work place using appropriate measures</li> <li>• Multisectoral approach involving urban development department/municipal corporation/transport department etc. for creation and preservation of environments supporting physical activities in community setting, e.g. development of safe and accessible infrastructure for walking and cycling</li> <li>• Promote community involvement in implementing local actions aimed at increasing physical activity</li> </ul>

**Table 2: Key action points at various levels to achieve national NCDs targets**

S.NO.	Target	Suggested activities
5.	A 25% relative reduction in the prevalence of raised blood pressure	<ul style="list-style-type: none"> <li>• Implement strategies under NPCDCS</li> <li>• Implement strategies for reducing salt intake</li> <li>• Implement strategies for improving physical activity</li> <li>• Implement strategies for reducing saturated and transfat intake and promote unsaturated fat intake policies</li> </ul>
6.	A 30% relative reduction of mean population intake of salt/sodium intake	<ul style="list-style-type: none"> <li>• Develop policy measures (engaging food producers/processors, other relevant commercial operators, civil society, and consumers) to reduce the level of salt added to prepared/processed food</li> <li>• Develop and conduct evidence based public campaigns on harmful effects of increased salt intake and measures to reduce salt in prepared food</li> <li>• Engage food retailers and caterers to improve the availability, affordability and acceptability of foods with reduced salt content</li> <li>• Improve the availability, affordability and acceptability of salt with low sodium content.</li> <li>• Promote food products labelling of all nutrient contents including salt</li> </ul>
7.	A 30% relative reduction in prevalence of current tobacco use	<ul style="list-style-type: none"> <li>• Implement strategies under the National Tobacco Control Programme and upscale the program to cover all districts in the country</li> <li>• Enforcement of the tobacco control laws under COTPA, 2003</li> <li>• Develop intersectoral mechanisms for implementation of the provisions of the WHO FCTC including rising of taxes on tobacco products, providing for alternative livelihoods for tobacco farmers and workers.</li> <li>• Implement a progressive ban on packaged smokeless tobacco products</li> <li>• Build capacity of health care system to provide tobacco cessation services to the community based on the national guidelines on tobacco dependence treatment and establish a national tobacco cessation quitline</li> </ul>
8.	At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes	<ul style="list-style-type: none"> <li>• Ensure availability of generic drugs for prevention of heart attacks and stroke at primary healthcare level</li> <li>• Capacity building of health professionals in use of drugs and counselling for prevention of heart attacks and stroke</li> <li>• Implement strategies under NPCDCS</li> <li>• Ensure counselling facilities for prevention and control of NCDs at primary healthcare level</li> </ul>
9.	An 80% availability of affordable essential NCD medicines and basic technologies to treat major NCDs in both public and private facilities	<ul style="list-style-type: none"> <li>• Include cost effective generic medicines for management of NCDs in national and state lists of essential medicines and ensure availability at all level of healthcare delivery</li> <li>• Ensure availability of basic tests for early identification, treatment and follow up of NCDs</li> <li>• Develop and implement palliative care policy using cost effective modalities and ensure accessibility to affordable palliative care</li> </ul>
10.	A 50 % relative reduction in household use of solid fuel (indoor air pollution)	<ul style="list-style-type: none"> <li>• Promote intersectoral coordination for development of policies for reducing indoor air pollution due to use of solid fuel</li> <li>• Develop and implement indoor air pollution guidelines</li> <li>• Develop and conduct evidence based public health campaigns to raise awareness on harmful effects of indoor air pollution</li> <li>• Build capacity of health system for prevention and control of diseases resulting from indoor air pollution</li> </ul>

**Table 3: Examples of cross-sectoral government engagement to reduce risk factors, and potential health effects of multisectoral action<sup>2</sup>**

Sector	Tobacco	Physical inactivity	Harmful use of alcohol	Unhealthy diet
Health	✓	✓	✓	✓
Agriculture	✓		✓	✓
Food processing			✓	✓
Finance, tax and revenue	✓	✓	✓	✓
Law and justice	✓		✓	✓
Information and broadcasting	✓	✓	✓	✓
Consumer affairs	✓		✓	✓
Women and child development	✓	✓	✓	✓
Commerce and industry	✓		✓	✓
Human resource development	✓	✓	✓	✓
Youth affairs and sports	✓	✓	✓	✓
Road transport and highways			✓	
Labour	✓	✓	✓	✓
Urban and rural development	✓	✓	✓	✓
Social justice and empowerment	✓	✓	✓	✓
Environment	✓	✓	✓	✓

<sup>2</sup>Adapted from A/67/373 (available at <http://www.who.int/nmh/events/2012/20121128.pdf>).

Tools for multisectoral action comprise laws, regulations, policies, budgetary allocations, impact assessments and other normative and political instruments. Stakeholder ministries need to work in partnership with civil society, private sector and other stakeholders, for example, to reduce the risk factor related to physical inactivity, the Ministry for Urban Development needs to ensure active transport and walk able cities and the Ministry of Human Resource Development needs to strengthen the school-based interventions that ensure increased physical activity among students. The implementation of the WHO Framework Convention on Tobacco Control in the country has been possible largely through inter-ministerial collaboration.



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