

Burden of Non-communicable Diseases in Nepal: An Urgent Need for Actions

CONTEXT:

Non-communicable Diseases (NCDs) – mainly cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes – are the leading cause of death with an indirect estimated more than 127 thousand people die annually from NCDs (66% of national deaths) in 2016. The burden of NCDs is increasing over the years in Nepal and need urgent actions for prevention and control of NCDs.

SITUATION:

The Nepal Burden of Disease 2017 study shows that NCDs are the leading causes of death with two thirds (66%) of death attributed to NCDs, and an additional 9% to injuries. Of the total deaths in the country, ischemic heart disease contributes to nearly one in six deaths (16%) with one in ten deaths claimed by chronic obstructive pulmonary disease (COPD) (10% of total deaths). A recent population-based prevalence study of selected NCDs in Nepal shows 12% prevalence of COPD, 8.5% diabetes, 6% chronic kidney diseases and 3% coronary artery diseases among population aged 20 years and above with variation among the provinces (Figure 1). The outpatient data reported in annual report of Department of Health Services (DoHS) also shows increasing trend of NCD cases in later years in Nepal (Figure 2). The trend of researching on NCDs is also increased over the years in Nepal. Similarly, the interim analysis of population based cancer registry data shows that breast cancer and lung cancer are major cancer of female and male respectively and cancer incidence has increased drastically after 35 years indicating importance of early screening for prevention and control of cancer in Nepal.

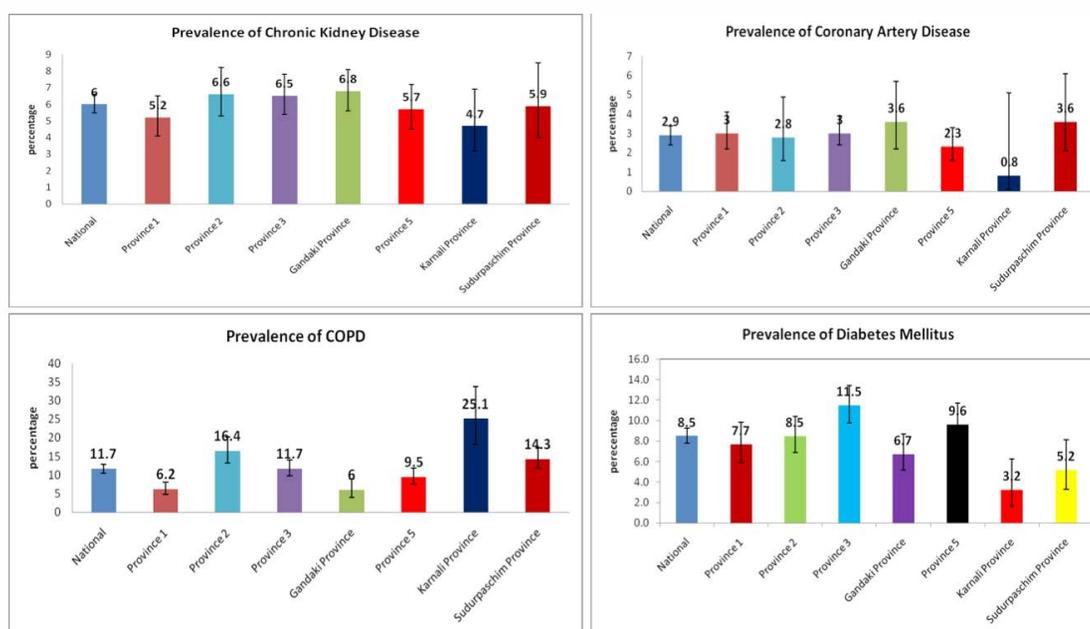


Figure 1. Population based prevalence of major NCDs in Nepal (2016-2018)



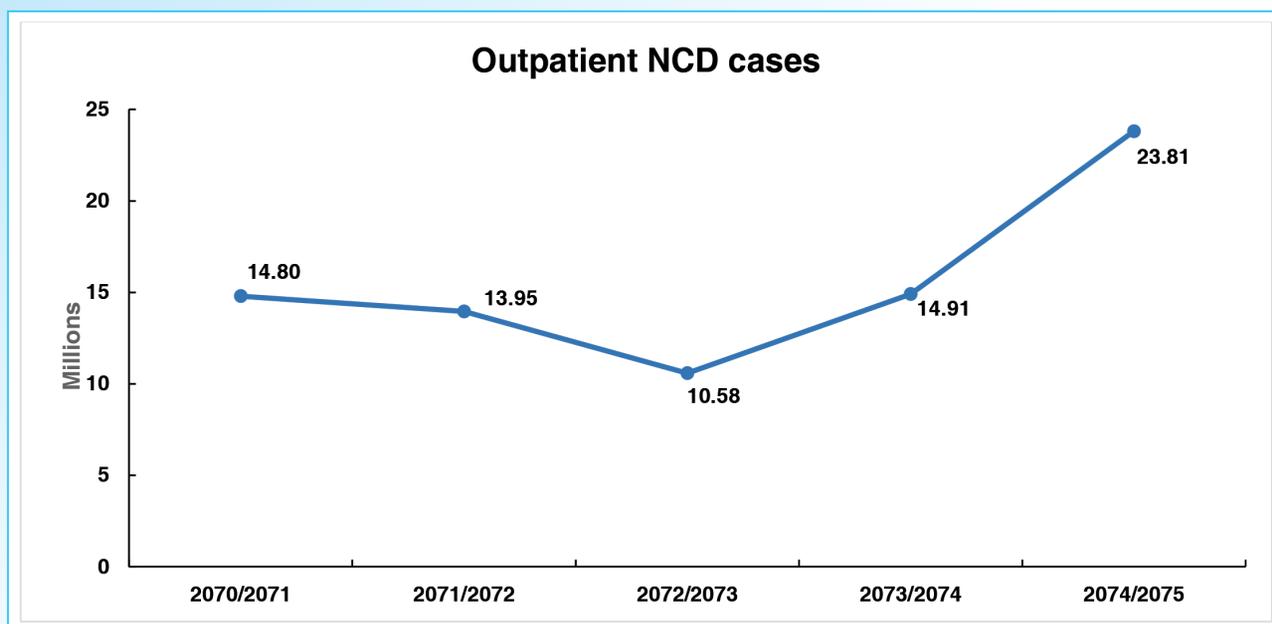


Figure 2. Trend of outpatient NCD cases in Nepal (Source: DOHS Annual Report)

The Nepal NCDI Poverty Commission analyzed the state of NCDs and injuries in Nepal reports that the burden of Non-communicable Diseases and Injuries (NCDIs) in terms of disability and death in Nepal has more than doubled over the past 25 years. The Package of Essential NCD Interventions (PEN) for Primary Health Care was developed by the World Health Organization (WHO) and adapted by the Ministry of Health and Population (MoHP) in its health care delivery system. The standardized protocols are for Cardio Vascular Diseases (CVDs), chronic respiratory diseases and cancer including the protocol for tobacco cessation. It aims to expand the coverage of essential services as well as essential medicines and diagnostics using the trained front line health workers. WHO PEN package programs are implemented in phase wise manner in Nepal.

In order to address increasing burden of NCDs in Nepal, Government of Nepal (GoN), MoHP with support of WHO formulated Multi-Sectoral Action Plan (MSAP) for the prevention and control of NCDs (2014-2020) in Nepal. Similarly, Sustainable Development Goals (SDG) target is to reduce NCD by one-third. The new National Health policy 2019 has emphasized prevention and control of NCDs in Nepal through multi-sectoral collaboration.

Reducing the avoidable burden caused by NCDs and their risk factors means taking actions now to change the narrative around NCDs. Without dedicated efforts both in policies and programmes, achieving global NCD targets by 2025 as part of realizing the SDGs by 2030 will not be possible. Hence, there is an urgent need of actions to tackle increasing burden of NCDs in Nepal.

WAY FORWARD:

- Update/revisit multi-sectoral NCD action plan setting national NCD targets that are consistent with the nine global voluntary targets, SDG targets, account for national risk factors and mortality, and work within established national systems.
- Chronic kidney diseases need to be incorporated in revised multi-sectoral NCD action plan
- Create revenues and allocate adequate budget on NCDs prevention and control including that from the External Development Partners (EDPs)

- Establish the integrated national surveillance system for NCDs including vital registration system capable of reporting cause of death, cancer registries, and risk factor monitoring
- Incorporate NCD morbidity data in Health Management Information System (HMIS)
- Promote local knowledge generation through research including embedded implementation research. For example, knowledge regarding age-specific mortality due to NCDs needs to be explored.

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