

Editorial

Non-communicable Diseases: Call for Informed Action

The prevalence of diabetes mellitus has assumed epidemic proportions. India is in commanding lead with 50.76 million people aged 20-79 with diabetes. Every child born in India today shall have a one in five chance of developing diabetes during his/her lifetime, given a full life expectancy. Every such person with diabetes is 25 times more prone to develop visual handicap and legal blindness. Worldwide, diabetes is a major cause of adult-onset blindness and renal failure: it also accounts for an amputation every 30 seconds!(1) Taking cognizance of such alarming statistics, United Nations General Assembly, in a first of its kind action, passed Resolution 61/225 on 20 December, 2006 which recognized diabetes as a chronic, debilitating and costly disease with major complications that pose severe risks for families, countries and the entire world. Highlighting the social, economic and health impact of diabetes worldwide, the UN designated 14 November every year as UN World Diabetes Day (2).

Obesity, unhealthy diets, and physical inactivity constitute the unholy triad not only predisposing to diabetes but also to other non-communicable

diseases (NCD) including cardiovascular diseases and cancer. NCDs account for 60% (35 million) of global deaths; of these deaths, the largest burden – 80% (28 million) occurs in low- and middle-income countries. UN considers NCDs as major contributors to poverty, a barrier to economic development, and a global emergency. Accordingly, reinforcing the action initiated in 2006, the UN has now enlarged the scope of global fight against diabetes by including cardiovascular diseases and cancer. The successful campaign mounted by the NCD Alliance constituted by International Diabetes Federation, World Heart Federation, UICC-Global Cancer Control, and International Union Against Tuberculosis and Lung Diseases, culminated in the unanimous passage of the historic UN resolution on 13 May, 2010 calling for a UN General Assembly Summit on Non-Communicable Diseases (3). The Resolution calls on Member States and the international community to:

- convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on

the prevention and control of NCDs;

- include at the high-level plenary meeting to review the MDGs in September 2010, discussions on the rising incidence and the socio-economic impact of NCDs in developing countries; and
- request the UN Secretary-General to prepare a global status report on NCDs, with a particular focus on the development challenges faced by developing countries.

The NCD Summit will mobilize the international community to take action, and secure the commitment of Heads of State to lead the inter-governmental efforts necessary to prevent and reverse the NCD epidemic. It is in this context that the experience gained in India through pilot studies in several states involved in the planning, organization and implementation of community-based National Diabetes Control Program within the framework of national health system especially at the level of district health care assumes international relevance. Conceptual framework in this direction was elaborated in 1979 (4). As a result, the National Diabetes Control Programme was launched in 1987 as a Central Sector

health programme in the districts of Salem and South Arcot in Tamil Nadu and Jammu & Kashmir on a pilot basis. The main thrust during the Seventh Plan was to develop an appropriate model for care and control of diabetes mellitus at the district level. The major objectives included (i) prevention of diabetes through identification of high risk subjects and early intervention; and (ii) early diagnosis of disease and institution of management so as to prevent diabetes associated morbidity and mortality.

The data emanating from these projects were presented at the WHO Workshop on Diabetes Care as a Model for Primary Health Care, Stockholm, Sweden, 1986 (5) and were favourably received(6). The programme was subsequently reviewed and further extended to cover additional districts in several states during the Eighth Five Year Plan. The experience was also used to develop the programme as an integrated model for diabetes, hypertension and heart disease. The Eighth Plan, released in 1992 and implemented from 1992-1997, highlighted the strategic principles (7):

'The strategies for the control of non-communicable diseases are based on sound consideration of epidemiology

and demography. They must be integrated with the existing health infrastructure to make them cost-effective. Development of appropriate technology and its transfer to the general health services should be an important component of the strategy. Since the life style and high risk behaviour are important variables associated with the rising incidence of most of these diseases, they lend themselves to prevention by health education. Therefore, mobilising community health action through well structured IEC system including mass media will form an important intervention strategy for the control of non-communicable diseases. Development of appropriate learning resource materials for education and training of manpower will be an essential activity.'

Subsequently, as with the present UN approach, the program was enlarged to focus in a holistic manner on the non-communicable diseases (8). The main lesson learnt in India is that NCD intervention can effectively contribute to health systems strengthening only through a horizontal integration rather than by a vertical program development. The model was replicated, albeit with appropriate adaptation, in Bangladesh with a highly successful impact and outcome. This premise needs to be

reiterated and shared at the planned NCD Summit. We need not reinvent the wheel!

The Fellows of the National Academy of Medical Sciences not only constitute a vital intellectual resource for the country but also act as a think tank for international scientific and public health community. As we share our experience and seek nationally relevant and cost-effective solutions to the ever-increasing global health burden due to NCDs, we must continue to focus on innovative thinking. It is therefore timely that the Annual NAMS-PGI Symposia in 2008 and 2009 were focused on Hypertension and Type 2 Diabetes, respectively, with special reference to community approaches aimed at prevention, early detection and management. The NAMS-PGI Symposium planned for February, 2011 will focus on Acute Coronary Syndromes. The publication of a special issue of Annals on Hypertension (9) and on Type 2 Diabetes (present volume) provide a compendium reflecting national expertise, and are steps in the right direction.

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