

# M E S S A G E

BY WHO REPRESENTATIVE TO INDIA



Average life expectancy at birth of the Indian people has increased from 57 years in 1990 to 65 years in 2009. This means that India has been able to gain eight years by means of increasing economic prosperity and through other interventions aimed at reducing morbidity and mortality-presumably in the fields of mother and child health and the fight against communicable diseases.

In the meantime, however, Noncommunicable diseases (NCDs) like cancer, diabetes, cardiovascular diseases, stroke, chronic respiratory diseases, etc. have achieved the status of dominant causes of death (about eight out of ten adult deaths in urban areas and six out of ten deaths in rural areas, for example, are now due to NCDs). This is usually explained by urbanization and modernization, changing lifestyles and an extension of risk factors such as physical inactivity, unhealthy diet, stress plus the major harmful effects of tobacco and toxic substances, including alcohol.

Dealing with NCDs obviously costs money. In situations of poor health care coverage in particular, out-of-pocket expenditure associated with the acute and long-term effects of NCDs can have catastrophic results. A recent World Bank study in India has shown that 25% of families with a member with CVD experience major expenditures, and 10% are in fact driven into poverty. The situation is particularly serious with cancer; almost 50% of households with a member with cancer experience catastrophic expenses and 25% are driven to poverty. Also poor coverage is most likely one of the reasons why premature mortality in the population under sixty years affected by NCDs in India is relatively high compared to other countries.

In summary, a policy framework for prevention and control of NCDs in India is a clear need. Effective strategies in this field include population services (e.g. awareness generation activities, media-based health promotion, etc.) and personal services (e.g. early diagnosis, surgical treatment whenever needed, etc.). Regular NCDs surveillance shall enable a better understanding of the magnitude and precise distribution of NCDs country-wide and help plan evidence-based interventions; affordable, quality medicines shall in turn enable the pharmacological treatment of the highest possible number of people. Both are necessary. Universal coverage by a strengthened health system shall ensure that those in need of a health service will have the financial, human resources, staff and other means needed for that, thus minimizing the risks that out-of-pocket expenditures would force them into poverty. Finally, many factors like the easy availability of tobacco, the presence of excess sugar, salt and transfat in the diet, the scarcity of suitable spaces for physical activity, etc. call for a mechanism to also involve other relevant sectors in the fight against NCDs.

I congratulate the Ministry of Health and Family Welfare and my colleagues from the WHO Country Office for their efforts in organizing multiple activities and bringing out this advocacy docket containing fact sheets, FAQs on major NCDs and a DRAFT working paper for the National Summit on Noncommunicable Diseases. I hope all will be useful for taking forward the agenda of prevention and control of NCDs in India. With the UN High Level Meeting on NCDs scheduled in September 2011, the time is right to take a giant step in this field.



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