Non Communicable Diseases

Why in news?

A recent study published stated that the prevalence and morbidity of NCD in India has been increasing in the past decade.

What is non-communicable disease (NCD)?

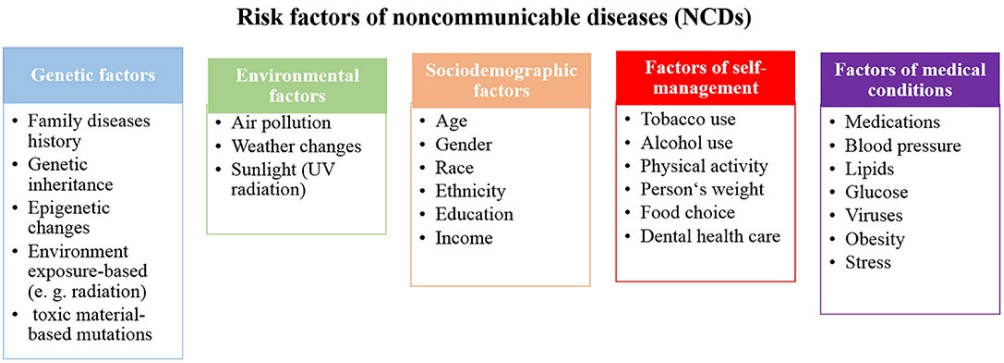
- Non-communicable disease (NCD) are chronic diseases that are not caused by infectious agents and *doesn't spread from person to person*.
- These diseases are long-lasting, progress slowly and often require prolonged treatment.
- **Global concern** – They are a major cause of death and disability worldwide, accounting for approximately ***74% of all deaths globally.***
- It results in *86% premature deaths* (died before reaching 70 years of age) in low- and middle-income countries.
- *Low middle income countries contributes 77%* of all NCD cases.

Status of NCDs in India
• NCD prevalence ***has tripled since 1995***, with increasing burden in both urban and rural areas • **Rising Burden** – NCDs account for over 60% of deaths in India. • **Common NCDs** – Hypertension, diabetes and cancer are leading contributors. • **Premature Deaths** – About 55% of NCD deaths occur before the age of 70, disproportionately affecting working-age populations. • **Regional Disparities** – Higher prevalence in urban areas, but rural regions are increasingly affected. • Kerala has reported the highest prevalence of non-communicable diseases of 177 per thousand individuals followed by Pondicherry, Andhra Pradesh, Goa, Tamil Nadu and Punjab. • The north-eastern States have reported the lowest prevalence of non-communicable diseases. • **According to WHO's report, deaths caused by NCDs in India are**: - Cardio vascular – 22.66 lakhs. - Chronic respiratory diseases – 11.46 lakhs. - Cancer – 9.20 lakhs. - Diabetes – 3.49 lakhs.

What are the Risk factors for NCDS?

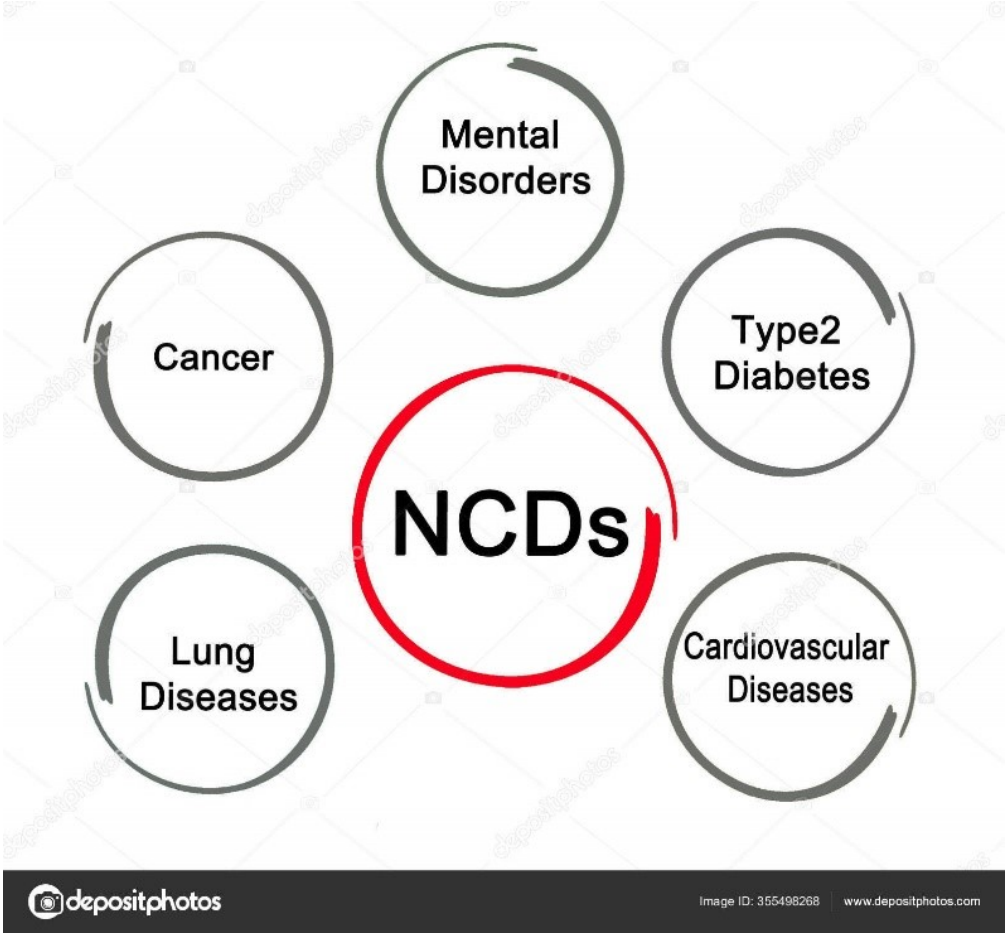
- A risk factor is a condition that increases the possibility of developing a non-communicable disease. The more risk factors one has, the greater the chance of getting a particular disease.
- **Lifestyle choices** – Poor diet, lack of physical activity and tobacco or alcohol use.

- The Lancet Global Health found that nearly 50% Indian adults insufficiently physically active.
- **Genetic factors** – Family history or genetic predisposition to certain diseases.
- **Environmental factors** – Exposure to pollution, unsafe drinking water and workplace hazards.
- **Ageing** – Increased risk due to natural wear and tear of body systems over time.
- **Environmental factors** – Air pollution is the major contributor to NCDs that accounts for 5.7 million deaths globally.



What are the types of non-communicable diseases?

- **Cardiovascular diseases (CVDs)** – Includes heart attacks, strokes and hypertension.
- **Cancer** – Is an uncontrolled cell growth in specific tissues or organs contributing 9.3 million cases annually.
- **Chronic respiratory diseases** – Examples include asthma and chronic obstructive pulmonary disease (COPD).
- **Diabetes (type-2)** – A metabolic disorder resulting in high blood sugar levels.
- **Mental health disorders** – Conditions such as depression and anxiety, increasingly recognized as NCDs.



What are the effects of NCDs?

- **Increased health burden** – Urban communities face a *triple health burden* during health crises due to hazardous work environments, limited healthcare access, and financial vulnerability.
- **Financial instability** – Catastrophic out-of-pocket on healthcare expenditures jeopardize family livelihoods and financial stability.
- Marginalized communities often lack health insurance, compounding financial stress.
- **Impact on Vulnerable Populations** – Informal workers, including sanitation workers, gig workers and migrants are disproportionately affected due to lack of hygiene, nutrition and contract protections.
- Social and economic marginalization of these vulnerable people exacerbates the impact on health outcomes.
- **Generational health impacts** – Limited access to preventive care contributes to worsening health conditions in marginalized families often persist across generations, creating a cycle of vulnerability.
- **Inaccessible health care** – Public health systems, designed to support the lowest 40% of the population, are often inaccessible to urban marginal.
- Growing NCD cases causes overburden on health systems that inturn fail to cater effectively.
- **Widening inequality** – Slum-dwelling populations and other marginalized groups face unequal access to health care highlights systemic issues in urban planning and governance.
- **Economic productivity loss** – Illnesses like diabetes and cardiovascular diseases

reduce workforce efficiency and productivity.

- Untreated or poorly managed NCDs contribute to absenteeism and long-term incapacity among urban workers.

Government Measures in India
• **National Programme for Prevention and Control of NCDs (NP-NCD)** – Focuses on awareness, prevention, and affordable treatment. • **Ayushman Bharat** – Provides financial support to following initiatives under the Pradhan Mantri Jan Arogya Yojana (PMJAY). • Setting up of ***State Cancer Institutes (SCI)*** and ***Tertiary Care Centers (TCCC)*** in different parts of the country to strengthen cancer facilities scheme. • **PM Swasthya Suraksha Yojana** – To setup oncology department in in news AIMS and upgrade the others. • **Health and Wellness Centers (HWCs)** – To offer screening and management of common NCDs. • **Tobacco control initiatives** – Campaigns like the National Tobacco Control Programme (NTCP) and increased taxes on tobacco products to curb tobacco product. • **Fit India Movement** – Promotes physical activity and healthy lifestyles. • **POSHAN Abhiyaan** – To combat malnutrition and promote healthy eating habits. • **Integrated Disease Surveillance Programme** – Which offers regular health check-ups and digital data collection. • **Mobile Medical Units (MMUs) & Telemedicine** are implemented with National Health Mission support to improve healthcare access particularly in rural areas.

What are the measures to address NCD?

- **Strengthen primary health care** – Improve access to publicly run primary health care, especially for urban marginalized communities.
- **Leverage technology** – Implement real-time health monitoring using digital tools for conditions like hypertension and diabetes.
- Use screening for population-level evidence and individual awareness.
- **Promote community-based solutions** – Create health awareness and education among public to coordinate and work in communities with ASHA workers.
- Develop community-led NCD surveillance systems for marginalized urban settlements.

ASHAs are trained to work as an interface between the community and the public health system.

- **Engage all stake holders** – Engage employers, municipalities, traffic systems, schools and health systems in dialogue to address interconnected health determinants.
- Create solutions for healthy cities through collaboration with urban local bodies and experts.
- **Improve Primary Health Centers** – In rural areas by increased participation and enhanced accountability for provision of better facilities to the patients in the public health facilities.
- **Address Social Determinants of Health** – Tackle issues related to workplace safety, housing, family connections, and community health infrastructure.
- Recognize that health outcomes are deeply tied to social identities, employment and

migration status.

- **Policy-level interventions** – Scale up state-level action plans for better access to primary health care.
- Emphasize preventive measures to avoid catastrophic out-of-pocket (OOP) healthcare expenses.

References

1. The Hindu |India's and its Non-Communicable Disease Burden
2. The Hindu |Prevalence Of NCDS Tripled
3. WHO |Non Communicable Diseases

