

# **National Programme For Prevention And Control Of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)**

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# Introduction

- India is experiencing a rapid health transition with a rising burden of Non Communicable Diseases (NCDs).
- According to a WHO report (2002), cardiovascular diseases (CVDs) will be the largest cause of death and disability in India by 2020.
- Overall, NCDs are emerging as the leading cause of deaths in India accounting for over 42% of all deaths (Registrar General of India).
- NCDs cause significant morbidity and mortality both in urban and rural population, with considerable loss in potentially productive years (aged 35–64 years) of life

- It is estimated that the overall prevalence of diabetes, hypertension, Ischemic Heart Diseases (IHD) and Stroke is 62.47, 159.46, 37.00 and 1.54 respectively per 1000 population of India.
- There are an estimated 25 Lakh cancer cases in India.

- States have already initiated some of the activities for prevention and control of non communicable diseases (NCDs) especially cancer, diabetes, CVDs and stroke.
- The Central Govt. proposes to supplement their efforts by providing technical and financial support through National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS).

- The NPCDCS program has two components viz.
  - (i) Cancer &
  - (ii) Diabetes, CVDs & Stroke.
  - These two components have been integrated at different levels as far as possible for optimal utilization of the resources.
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- The NPCDCS aims at integration of NCD interventions in the NRHM framework for optimization of scarce resources and provision of seamless services to the end customer /patients as also for ensuring long term sustainability of interventions.

# Objectives of NPCDCS

1. Prevent and control common NCDs through behaviour and life style changes,
2. Provide early diagnosis and management of common NCDs,
3. Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs,
4. Train human resource within the public health setup *viz.* doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and
5. Establish and develop capacity for palliative & rehabilitative care.

# Risk factors & Level of NCD Prevention & Management

## Behavioral Risk Factors

- Tobacco
- Alcohol
- Physical inactivity
- Diet

## Physiological Risk Factors

- BMI
- B.P.
- Blood Glucose
- Cholesterol

## Disease Outcomes

- Heart diseases
- Stroke
- Diabetes
- Cancer
- COPD

**Primary Prevention**

**Secondary Prevention**

**Tertiary Prevention**

# Strategies

- The Strategies to achieve above objectives are as follows:
  1. Prevention through behaviour change
  2. Early Diagnosis
  3. Treatment
  4. Capacity building of human resource
  5. Surveillance, Monitoring & Evaluation

# Prevention through behaviour change

- The various approaches such as mass media, community education and interpersonal communication will be used for behaviour change focusing on the following five messages:
  1. Increased intake of healthy foods
  2. Increased physical activity through sports, exercise, etc.;
  3. Avoidance of tobacco and alcohol;
  4. Stress management
  5. Warning signs of cancer etc.

- Interpersonal communication will be carried out through ASHAs/ AWWs/ SHGs/ Youth clubs, Panchayat members etc.
- These workers / groups will also help in Social mobilization for diagnostic camps.

# Early diagnosis

- opportunistic screening of persons above the age of 30 years at the point of primary contact with any health care facility.
- Simple clinical examination comprising of relevant questions and easily conducted physical measurements
  - such as history of tobacco consumption and measurement of blood pressure etc.
- To identify those individuals who are at a high risk of developing diabetes and CVD, warranting further investigation/ action.

# Treatment

- “NCD clinic” will be established at CHC and District Hospital.
- Screening, diagnosis and management (including diet counselling, Lifestyle management) and home based care will be the key functions.

# Capacity building of human resource

- Health personnel at various levels will be trained for health promotion, prevention, early detection and management by a team of trainers at identified Training Institutes/Centres.

# **Supervision, Monitoring and Evaluation**

- Regular monitoring and review of the scheme will be conducted at the District, State and Central level through monitoring formats and periodic visits and review meetings.
- The evaluation is the integral part of the programme and will be carried out concurrently and periodically, as & when required.

# Packages of services to be made available at different levels

## Sub centre

1. Health promotion for behaviour change
2. 'Opportunistic' Screening using B.P measurement and blood glucose by strip method
3. Referral of suspected cases to CHC

## CHC

1. Prevention and health promotion including counseling
2. Early diagnosis through clinical and laboratory investigations (Common lab investigations: Blood Sugar, lipid profile, ECG, Ultrasound, X ray etc.)
3. Management of common CVD, diabetes and stroke cases (out patient and in patients.)
4. Home based care for bed ridden chronic cases
5. Referral of difficult cases to District Hospital/higher health care facility

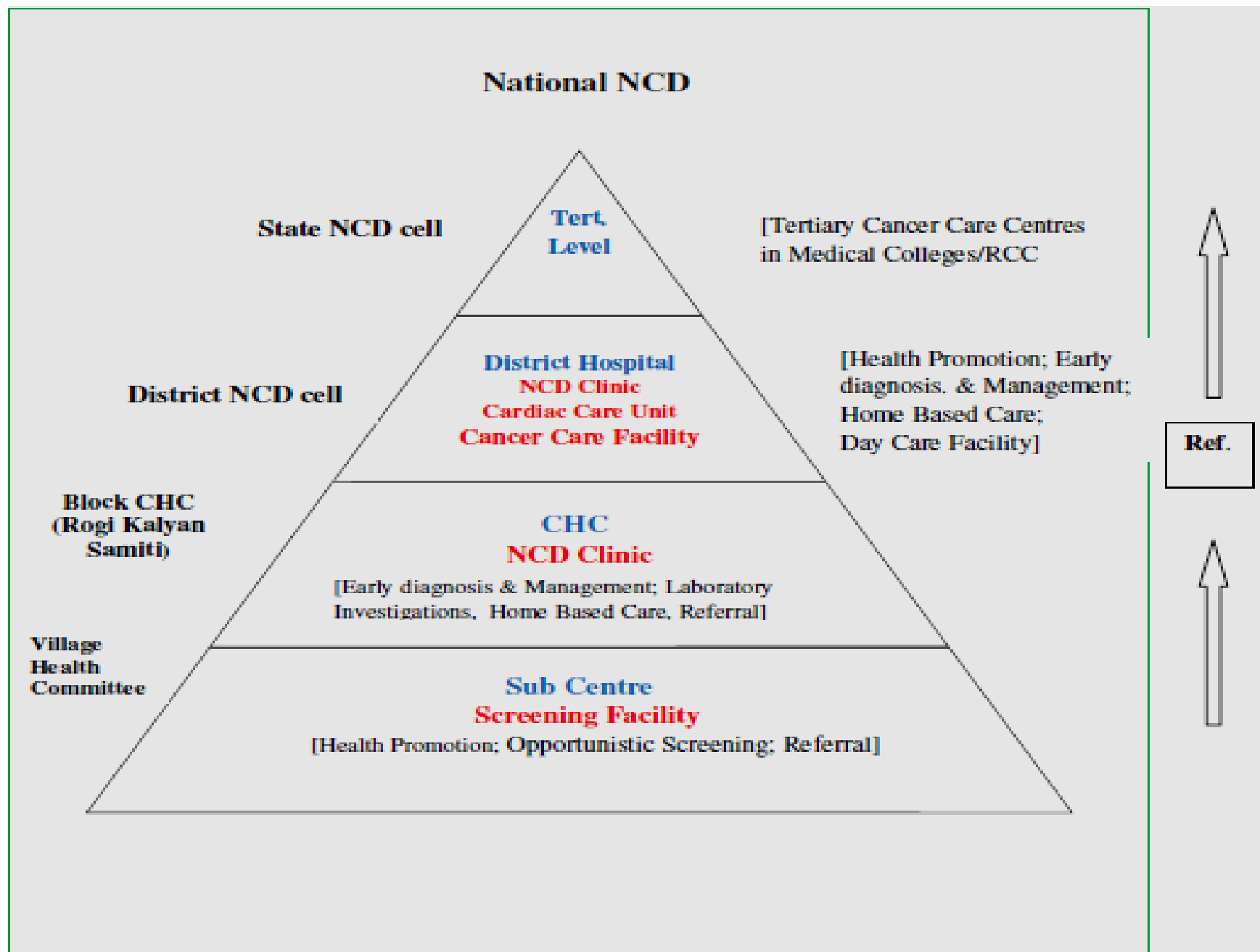
## **District Hospital**

1. Early diagnosis of diabetes, CVDs, Stroke and Cancer
2. Investigations: Blood Sugar, lipid profile, Kidney Function Test (KFT), Liver Function Test (LFT), ECG, Ultrasound, X ray, colposcopy, mammography etc. (if not available, will be outsourced)
3. Medical management of cases (out patient , inpatient and intensive Care )
4. Follow up and care of bed ridden cases
5. Day care facility
6. Referral of difficult cases to higher health care facility
7. Health promotion for behaviour change

## **Tertiary Cancer Centre**

Comprehensive cancer care including prevention, early detection, diagnosis, treatment, minimal access surgery after care, palliative care and rehabilitation.

# Services available under NPCDCS at different levels



# **TOBACCO CONTROL LEGISLATION**

# Cigarette and Other Tobacco Products Act (COTPA)

- It is against:
  - Smoke in public places/working places.
  - Advertise tobacco products.
  - Sell tobacco products to <18 years.
  - Sell tobacco products within 100 yards of school & colleges.
  - Sell products without pictorial warning.
  - Sell products without tar and nicotine contents depiction.

# National Tobacco Control Programme

GOI has launched a pilot programme on 2007 for :

- Effective implementation of anti tobacco legislation.
- Create awareness consequences of tobacco consumption.

# Goals of NTCP

- Promote quitting among adults and youth.
- Prevent initiation among youth.
- Identify and eliminate disparities among population groups.

# **Main Components of NTCP**

- Public awareness.
- Tobacco product testing laboratory.
- Mainstreaming under NRHM framework.
- Monitoring & evaluation.
- Dedicated tobacco control cells.
- Training of health workers, NGOs.
- Tobacco cessation facilities.



**THANKS.**