



ABSTRACT

Tamil Nadu Health System Reform Program – Tamil Nadu Non-Communicable Diseases Strategy – Approved and Adopted – orders - Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms).No. 156

Dated: 24.03.2020
Thiruvalluvar Aandu – 2051
Vihari, Panguni – 11

Read :

From the Project Director, Tamil Nadu Health System Reform Program, letter No.2881/TNHSRP/2018, dated: 20.03.2020.

ORDER:

In the reference read above, the Project Director, Tamil Nadu Health System Reform Program has stated that Tamil Nadu Health System Reform Program is being implemented by Government of Tamil Nadu with funding support from World Bank. As per the loan agreement the project will be funded under Program for Results mode, that is, the funds will be disbursed based on the achievement of pre-defined Disbursement Linked Indicators (DLI) in respect of the project activities. The following are the activities which are linked to disbursement for year one of the Project.

- i. To carryout Gap Analysis and to work out the Facility Improvement Plan for 300 Primary Health Centres, 75 Secondary care Health facilities and 7 Medical College Hospitals for obtaining NQAS/NABH accreditation.
(Disbursement eligible US\$ 7,125,000)
- ii. To develop and adopt a "TN State Health Policy/ Strategy for Vision 2030" Document
(Disbursement eligible US\$ 4,000,000)
- iii. To develop a "Quality of Care Strategy" for Government Primary, Secondary and Tertiary Care institutions.
(Disbursement eligible US\$ 4,000,000)
- iv. "TN Non-Communicable Diseases Strategy" - to be developed and adopted.
(Disbursement eligible US\$ 4,000,000)
- v. Tamil Nadu - Quality Enhancing Structured Training (TAN-QuEST)
(Disbursement eligible US\$ 3,000,000)
- vi. To develop a conceptual Note and Operational plan for Strengthened HMIS
(Disbursement eligible US\$ 6,000,000)
- vii. Conceptual Model and operational plan for strengthened HMIS
(Disbursement eligible US\$ 6,000,000)

2. The Project Director, Tamil Nadu Health System Reform Program has stated that processes involved in documenting the NCD strategy : Initial discussion with World Bank, was followed by formation of Task Force & Working Groups. The draft outline was shared by WB. Discussions were held with members of World Bank, State NCD cell and the directorates and draft strategy document was prepared. The draft was vetted by World Bank.

Motivation: Advances in Communicable diseases and Maternal & Child Health have led to an increased life span, which is threatened by the rising epidemic of NCDs. Rise in NCDs may be attributed to modifiable risk factors like tobacco use, harmful alcohol use, physical inactivity, unhealthy diet and air pollution. The prevention and management of NCDs is of prime importance as these diseases lower the quality of life, impair the economic growth and can increase the risk of high out of pocket expenditure. This strategy document will address the following NCDs and their risk factors: Cardiovascular diseases; Diabetes mellitus; Cancers (emphasis on Oral, Breast and Cervix); Mental health.

Purpose: The strategy document provides a blueprint to tackle the growing burden of NCDs within the specific socio-economic, cultural and health systems context. It will ensure a holistic approach embracing policy, legal & structural components necessary to address complex social determinants of NCDs & their risk factors.

Vision: "A State where everyone is free from preventable morbidity and mortality due to NCDs"

Guiding Principles : Tamil Nadu provides free health care services at the point of use to its public. Accordingly, the principles that have guided the formulation of this strategy include (i) Adoption of a life course approach (ii) Integrated service delivery (iii) People-centered service delivery, community and family empowerment (iv) Prioritized, evidence-based interventions implemented at scale across the state (v) Continuous learning and adapting.

Goals: To reduce the burden due to NCDs in the state through a multi-sectoral approach by:

(i) Promoting healthy lifestyles in the community (ii) Reducing preventable morbidity and mortality due to NCD (iii) Integrating preventive, promotive, curative, rehabilitative and palliative services for providing comprehensive NCD services.

Key Challenges in combating NCDs in the State:

1. Increasing NCD burden warrants commensurate prioritization alongside CDs & MCH services
2. Implementation of legislation, strategies, programs and interventions
3. Scaling up of promising NCD initiatives
4. Strengthening linkages between communities & facilities
5. Integration of health service delivery
6. Rationalization of existing HR availability, distribution and capacity
7. Complex and multiple data management systems
8. Awareness, empowerment & disposition at community level to seek care & change behaviors due to a combination of supply- & demand-side issues

Service Delivery Strategies:

- A. **Multi sectoral Approach:** Many of the critical interventions to prevent and control NCDs lie outside of the direct sphere of the health sector. The NCD strategy needs to be viewed as a shared goal across different government departments, public and non- governmental organizations. The strategy can be used as an innovative approach to intersectoral action.
- B. **Continuum of Care:** NCD interventions beginning with prevention and health promotion, lifestyle interventions to modify risk factors, screening, clinical interventions for high-risk individuals and groups, all the way through to chronic care, rehabilitation and palliation will be necessary to prevent and control NCDs.
- C. **Health Promotion:** Positive behavior change towards healthy life can be accomplished by carefully engaging with people at individual and community level. Exposure to risk factors begins in childhood and builds throughout life underpinning the importance of providing a conducive environment for people to adopt and sustain healthy living habits. The population level measures include raising awareness, creating conducive environment and instituting healthy public policies.
- D. **Health Systems Strengthening:** Universal access, without discrimination, to determined sets of promotive, preventive, curative and basic rehabilitative health services; and essential, safe, affordable, effective and quality medicines. It is also important to ensure that the use of these services does not expose the users to financial hardship.

Prioritized Interventions

A. Macro level Interventions:

- Train health workforce & strengthen capacity.
- Improve availability of affordable basic technologies & essential medicines.
- Develop & implement a palliative care policy, including access to opioid analgesics.
- Adopt core list of medicines as part of benefits package
- Enhance implementation of COTPA.
- Reduce salt intake through establishment of BCC and mass media campaign
- Vaccination against Human Papilloma virus (2 doses) 9 to 13-year-old girls (Subject to policy decision.
- Strengthen prevention of cervical cancer by screening women aged 30+
- Establish and/or strengthen a comprehensive surveillance system
- Explore viable health financing mechanisms & innovative economic tools.

B. Meso-level Interventions:

- Workshops to train primary care workers to deliver integrated NCD care
- Strengthen data monitoring and supervision

C. Micro-level Interventions:

- Strengthen detection, treatment and control of hypertension
- Apply WHO PEN protocols at PHC
- Effective glycemic control for people with diabetes, along with standard home glucose monitoring for people treated with insulin to reduce diabetes complications

- o Mental health awareness and screening

The strategy will be monitored by a set of indicators consistent with the NCD Global Monitoring Framework.

Key Message

Non-communicable diseases (NCD) are a critical health and development issue for Tamil Nadu. Government leadership and political commitment are essential to coordinate the necessary multi-sectoral response to the NCD burden. Cost-effective interventions exist and need to be prioritized for scaling up. To achieve this, health systems need to strengthen prevention and to ensure NCD control is integrated into primary health care. Resources for non-communicable diseases need to be enhanced and sustained to achieve measurable improvements in the health of the people of Tamil Nadu.

3. The Project Director, Tamil Nadu Health System Reform Program has therefore requested the Government to issue orders for approving and adopting the draft Tamil Nadu Non-Communicable Diseases Strategy.

4. The Government after careful examination have decided to approve and adopt the Tamil Nadu Non-Communicable Diseases Strategy as annexed to this Government Order.

(BY ORDER OF THE GOVERNOR)

**BEELA RAJESH
SECRETARY TO GOVERNMENT**

To

The Project Director, Tamil Nadu Health System Reform Program, Chennai-6.

The Mission Director, State Health Society, Chennai-6.

The Managing Director, Tamil Nadu Medical Services Corporation Ltd,
Egmore, Chennai-8.

The Project Director, Tamil Nadu Urban Health Project, Chennai-6.

The Director of Medical Education, Chennai-10.

The Director of Medical and Rural Health Services, Chennai-6

The Director of Public Health and Preventive Medicine, Chennai-6

The Private Secretary to Chief Secretary, Chennai-9.

The Private Secretary to Additional Chief Secretary, Finance Department Chennai-9.

The Private Secretary to Secretary (Expenditure), Finance Department Chennai-9.

The Accountant General (A&E), Chennai- 18.

The Pay and Accounts Officer (south), Chennai-35

The Commissioner of Treasuries and Accounts, Nandhanam, Chennai-35.

Copy to

The Special Personal Assistant to Hon'ble Minister (Health and Family Welfare), Chennai-9.

The Finance (Health-II/ PWD-I/BG I&II/) Department, Chennai-9

The Health and Family Welfare (Data Cell) Department, Chennai-9.

SF/SC.

//FORWARDED BY ORDER //


SECTION OFFICER

