

Sri Lanka Institute of Information Technology



Project report

MLB\_10.02\_02

Ways of combating non-communicable diseases in Sri  
Lanka

**English for Academic Purposes – IT1080**

B.Sc. (Hons) in Information Technology

<b>Group Number</b>	MLB_10.02_02
<b>Project name</b>	Ways of combating non-communicable diseases in Sri Lanka
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## **Terms of Reference**

Purpose of this report is to discuss about the ways of combating non communicable diseases in Sri Lanka.

This report is submitted for the fulfillment of the requirements for the English for Academic Purposes, Year 1 Semester 2 (2022), Sri Lanka Institute of Information Technology.

## **Acknowledgement**

This is the final report of our research about the ways of combating non communicable diseases in Sri Lanka. We would like to reserve this page for thanking all the parties who supported us.

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## **Chapter 1 : Introduction**

People's lifestyles have altered because of the advancement of science and technology, as they now live a busy, complicated, and competitive life. People become extremely concerned with their regular routines as they live fast-paced lives. Moreover, people do not have time for caring and sharing, let alone taking care of their health. As a result, people are suffering from non-communicable diseases such as heart diseases Diabetes, Cancer, High blood pressure, Stroke, Chronic lung diseases, Chronic renal diseases and many more.

It is apparent from these points that modern lifestyle has had a positive and harmful impact on people's health. It opens the door to many issues in people's lives. People have altered eating habits and daily routines to suit people's own selfish desires. Fast food, sugary and fatty foods, and other unhealthy foods are commonly consumed by most people. Our grandparents, on the other hand, consumed a well-balanced diet that included all the Nutritional elements. They were disease-free and lived a healthy life. Also, had plenty of opportunity to relax and rest and enjoyed the company of loved ones. It has, however, been altered. Modern people do not have time for that. They do not have time to enjoy with family members. Also, do not have time to maintain their health. In modern society from younger to elder are addicted to the television, smartphone, and computers. Because of that people are getting away from physical activities and this is caused to miss our main daily meals. These people should be aware of how regular physical activity helps to prevent illnesses and reduces bad behaviors. Reduces cholesterol levels and the risk of heart disease not only that, but they also to repair our bodies, we must get enough sleep.

Alcohol and cigarette products are also contributors to these NCDs. In today's Sri Lanka, many people use these. The main causes of NCDs are alcohol and cigarette use. The majority of these products' users are unaware of the risks associated with their use. The benefits of avoiding alcohol and cigarette products were also discussed in this project.

## **Chapter 2 : Methodology**

Most of the information for this project report was gathered via google. Also Books from academic publishers, articles from scholarly journals and government documents were referred. Statistics for the report were gathered from different sources, including magazine articles and websites. Furthermore, information was gathered via web tables and charts.

The topic “Ways of combating non-communicable diseases in Sri Lanka” is divided into three main topics. They are,

- Diseases
- How Non-Communicable Diseases Affect to the Human Life Cycle
- Ways of Combating Non-Communicable Diseases in Sri Lanka

are three topics on which we gathered data for our project. There are subtopics to some of the main topics. Each member chose one of the subtopics and used Google and other online resources to gather facts and information.

## Chapter 3 : Diseases

There are two types of diseases in the world,

1. Communicable diseases
2. Non-communicable diseases (NCDs)

### 3.1 Non communicable disease (NCDs)

Because of the modern lifestyle people are very busy with their day to day works. So, most of them have non-communicable diseases.

Chronic diseases, also known as noncommunicable diseases, are long-term illnesses caused by a mix of genetic, physiological, environmental, and behavioral factors. Cardiovascular disorders (heart attacks and strokes), malignancies, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes are the most common NCDs. NCDs disproportionately impact persons in low- and middle-income nations, which account for 31.4 million of the world's NCD deaths.

Noncommunicable diseases (NCDs) claim the lives of 41 million people each year, accounting for 71% of all deaths worldwide. More than 15 million people between the ages of 30 and 69 die each year from an NCD, with 85 % of these "premature" deaths occurring in low- and middle-income countries.

The most common NCD is cardiovascular disease, which kills 17.9 million people each year, followed by cancer (9.3 million), respiratory disorders (4.1 million), and diabetes (4.1 million) (1.5 million). Over 80% of all premature NCD fatalities are caused by these four disease types.

NCDs impact people of all ages, from all areas, and from all countries. Although these diseases are frequently associated with older age groups, research suggests that more than 15 million of all NCD-related fatalities occur between the ages of 30 and 69.

**(Non-communicable diseases, 2022)**

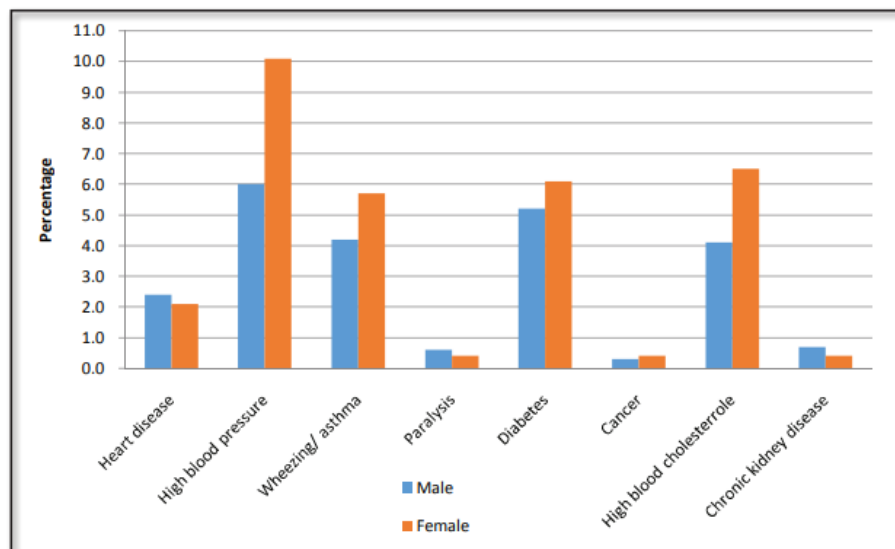


According to the news release that published on 11<sup>th</sup> February 2020 on official website of World Health Organization website they declare that non-communicable diseases (NCD's) are cause majority of deaths is Sri Lanka which is over 80%. Also, they have mentioned some common non-communicable diseases which can often see in Sri Lanka such as,

- Heart disease
- Diabetes
- Cancer
- High blood pressure
- Stroke
- Chronic lung diseases
- Chronic renal diseases

 <b>SRILANKA</b> Policy Status for NCDs (Status as of 2019)								
Total population (in 000s)	GDP per capita (in US\$)		Total deaths (2016)			Total NCD deaths (NCD deaths as % of total deaths)		
21413	3853.1		143000			118,700 (83%)		
Off track	Premature mortality (probability of dying before the age of 70, %)	Tobacco use (%)	Heavy episodic drinkers (%)	Physical inactivity (%)	Obesity (%)	Hypertension (%)	Per capita salt consumption (g)	Population that use solid fuels as primary source for cooking (%)
Incomplete data								
On track								
Global targets (in terms of relative percentage reduction)	25	30	10	10	Halt the rise	25	30	50 (Regional goal only)
Country targets (in terms of relative percentage reduction)	25	30	10	10	Halt the rise	25	30	50
Baseline	17.6 (2010)	23.9 (2010)	NA	25.0 (2006)	4.7 (2006)	20.9 (2006)	9.7 (2010)	80
Current status	17.4 (2016)	22.5 (2018)	8.6 (2014)	30.4 (2014)	5.9 (2014)	26.1 (2014)	NA	69 (2018)
National targets (Absolute) (2025)	13.2	16.7	NA	24.9	5.3	17.6	6.8	40

*Figure 3:1*



*Figure 3:2: People suffering from type of NCDs*

## Heart disease

The shortage of blood supply to the heart muscle is a primary cause of coronary heart disease. Myocardial infarction, including these ischemic heart disorders, is the leading cause of death in Sri Lankan government hospitals.

The condition becomes more common as people get older, and it is slightly more prevalent among males, urban households, and the richest and poorest 20% of households. Matale (3.4%), Colombo (2.9%), and Nuwara Eliya and Badulla (2.8%) have the greatest prevalence of cardiac disease compared to other districts. **(DemographicAndHealthSurveyReport-2016,2022)**

According to the most recent WHO data, coronary heart disease deaths in Sri Lanka total ed 28,777 in 2018, accounting for 22.64% of all deaths. Sri Lanka is ranked 94 in the world with a death rate of 123.79 per 100,000 people. **(Coronary Heart Disease in Sri Lanka, 2022)**

Background characteristic	Age														Don't know/missing	Total	Number of members
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+				
<b>Sex</b>																	
Male	1.4	1.9	2.5	1.1	0.4	1.1	1.0	3.3	5.0	5.1	10.9	13.6	52.8	0.0	100.0	1,197	
Female	1.0	1.7	1.1	0.8	0.9	0.8	2.0	3.7	4.4	7.6	12.3	11.6	52.1	0.0	100.0	1,177	
<b>Residence</b>																	
Urban	0.8	0.6	1.5	0.4	1.3	0.1	1.2	1.9	5.0	6.9	8.6	16.8	54.9	0.0	100.0	452	
Rural	1.3	2.1	1.8	1.0	0.4	1.0	1.3	3.8	4.6	6.1	12.0	11.7	52.9	0.0	100.0	1,812	
Estate	2.3	1.9	2.7	2.5	1.3	3.1	4.8	5.7	4.5	8.9	16.4	10.7	35.1	0.0	100.0	111	
<b>District</b>																	
Colombo	0.0	0.4	1.6	0.0	1.0	0.0	0.4	1.8	6.1	7.2	9.0	13.6	58.7	0.0	100.0	306	
Gampaha	0.8	0.5	0.0	0.4	0.5	0.5	1.0	3.0	2.1	6.2	8.1	12.5	64.5	0.0	100.0	268	
Kalutara	0.9	0.0	0.0	0.0	0.0	0.0	1.9	3.1	5.0	3.4	7.4	13.3	65.1	0.0	100.0	163	
Kandy	0.7	3.2	3.8	2.6	1.4	0.2	3.4	2.9	3.6	5.9	11.3	9.0	52.1	0.0	100.0	202	
Matale	1.0	6.1	1.5	1.3	1.5	2.5	0.0	4.0	3.8	6.1	21.0	11.5	39.8	0.0	100.0	95	
Nuwaraeliya	3.0	4.9	3.3	2.1	1.2	0.5	1.8	4.8	1.2	15.3	17.6	11.0	33.4	0.0	100.0	95	
Galle	1.5	1.6	0.0	2.2	1.4	0.3	2.4	3.9	5.1	3.2	9.6	13.1	55.9	0.0	100.0	151	
Mitara	1.2	2.4	0.0	0.9	2.1	2.0	0.0	4.8	8.5	2.8	13.0	6.9	58.4	0.0	100.0	115	
Hambantota	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(10.4)	(6.8)	(6.8)	(7.1)	(17.6)	(51.3)	(0.0)	(100.0)	45	
Jaffna	(4.4)	(0.0)	(2.5)	(3.4)	(0.0)	(6.3)	(3.0)	(7.5)	(7.8)	(6.0)	(16.7)	(10.8)	(37.7)	(0.0)	(100.0)	33	
Mannar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	2	
Vavuniya	(0.0)	(4.6)	(3.0)	(7.0)	(1.9)	(0.0)	(0.0)	(9.6)	(4.2)	(5.9)	(8.0)	(11.2)	(44.4)	(0.0)	(100.0)	11	
Mullaitivu	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4	
Kilinochchi	(0.0)	(4.4)	(7.9)	(2.8)	(5.0)	(4.7)	(0.0)	(0.0)	(15.5)	(8.8)	(7.6)	(13.7)	(28.6)	(0.0)	(100.0)	8	
Batticaloa	(0.0)	(4.8)	(3.0)	(3.1)	(0.0)	(1.3)	(3.8)	(4.5)	(12.8)	(3.3)	(15.3)	(12.2)	(36.1)	(0.0)	(100.0)	30	
Ampara	2.5	3.4	4.9	1.9	0.0	1.5	3.1	3.2	7.8	8.0	12.6	15.5	35.5	0.0	100.0	61	
Trincomalee	(4.9)	(0.5)	(0.5)	(2.5)	(0.0)	(3.2)	(1.5)	(6.8)	(5.9)	(6.2)	(8.3)	(16.9)	(42.8)	(0.0)	(100.0)	32	
Kurunegala	1.5	3.5	5.0	0.8	0.0	0.6	0.0	4.6	3.0	5.0	11.5	9.9	54.5	0.0	100.0	172	
Puttalam	2.6	3.8	1.8	0.0	0.0	1.3	0.0	2.0	6.4	11.4	9.6	19.0	42.2	0.0	100.0	63	
Anuradhapura	(0.0)	(0.0)	(3.9)	(0.0)	(0.0)	(0.0)	(5.0)	(5.1)	(4.4)	(4.1)	(15.2)	(16.1)	(46.1)	(0.0)	(100.0)	54	
Polonnaruwa	(4.7)	(0.0)	(5.0)	(0.0)	(0.0)	(0.0)	(0.0)	(4.1)	(0.0)	(1.6)	(12.0)	(24.2)	(48.4)	(0.0)	(100.0)	43	
Badulla	0.9	0.0	0.9	1.0	0.5	0.0	0.0	3.2	7.1	9.5	15.9	18.0	42.9	0.0	100.0	118	
Monaragala	(0.0)	(3.1)	(4.8)	(0.0)	(0.0)	(0.0)	(3.7)	(1.8)	(1.8)	(3.8)	(10.7)	(8.8)	(61.6)	(0.0)	(100.0)	43	
Ratnapura	2.6	1.4	1.1	0.5	0.0	4.8	3.8	3.0	2.1	11.8	13.6	11.0	44.2	0.0	100.0	153	
Kegalle	0.5	0.8	0.0	0.0	0.0	1.1	1.1	2.2	6.1	3.6	14.0	11.4	59.2	0.0	100.0	107	
<b>Wealth quintile</b>																	
Lowest	1.3	3.1	3.3	2.1	0.9	2.4	2.5	4.0	5.7	5.6	15.4	9.5	44.3	0.0	100.0	510	
Second	2.0	2.3	2.2	1.5	0.8	0.7	1.0	3.7	4.2	7.2	12.2	11.3	50.8	0.0	100.0	480	
Middle	1.3	0.0	1.3	0.8	1.1	0.6	2.1	7.3	5.2	9.0	11.3	12.7	47.5	0.0	100.0	400	
Fourth	1.0	2.6	1.0	0.1	0.6	0.8	0.7	1.4	4.6	6.7	10.3	14.0	36.1	0.0	100.0	473	
Highest	0.5	0.4	1.0	0.2	0.0	0.2	1.2	1.9	3.8	4.0	8.6	15.4	62.8	0.0	100.0	510	
<b>Total</b>	<b>1.2</b>	<b>1.8</b>	<b>1.8</b>	<b>0.9</b>	<b>0.7</b>	<b>1.0</b>	<b>1.5</b>	<b>3.5</b>	<b>4.7</b>	<b>6.3</b>	<b>11.6</b>	<b>12.6</b>	<b>62.5</b>	<b>0.0</b>	<b>100.0</b>	<b>2,374</b>	

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

*Figure 3:3:Percentage distribution of people suffering from heart diseases by age group and background catachrestic, Sri Lanka 2016*

## Diabetes

Over the last few decades, the amount of diabetes in Sri Lanka has risen. Obesity and physical inactivity are major contributors to the rising diabetic population. According to the 2015 study, 8% of the adult population had diabetes. According to this study, 30.4 % of Sri Lankan adults do not participate in the recommended 150 minutes of moderate-intensity physical exercise per week, with females (38.4%) being more inactive than males (22.5%). To control their illness and minimize complications, people with diabetes require constant care and assistance. Diabetes is a leading cause of blindness, kidney failure, heart attacks, strokes, and lower limb amputation. **(Commemorating World Diabetes Day 2021,2022)**

Diabetic Patients Deaths in Sri Lanka reached 12,399 in 2018, accounting for 9.75% of all deaths, according to the latest WHO data. Sri Lanka is ranked 35 in the world with an age-adjusted death rate of 53.41 per 100,000 people. **(Diabetes Mellitus in Sri Lanka, 2022)**

Diabetes is also becoming more common in Sri Lanka. The prevalence of diabetes among adults in Sri Lanka is 8.5%, according to latest statistics from the International Diabetes Federation (IDF)(Figure 3:4), Diabetes affects one out of every twelve adults in the country, amounting to 1.16 million people. **(Talking economics - Beat Diabetes in Sri Lanka: Too Much Sugar is Not that Sweet, 2022)**

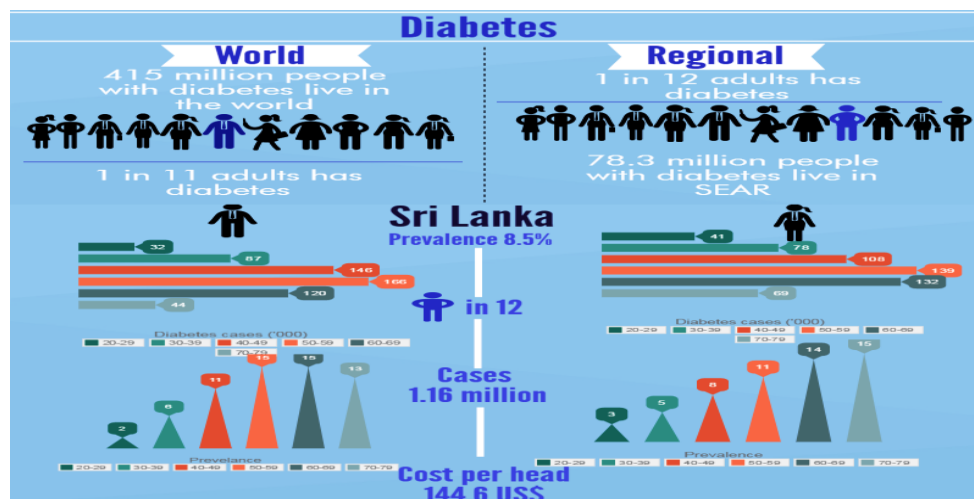


Figure 3:4:Diabetics population in Sri Lanka

## **Cancer**

Cancer is becoming more prevalent in Sri Lanka. In Sri Lanka, the total incidence of cancer has doubled in the last 25 years, with a corresponding increase in cancer-related death. In Sri Lanka, cancer has surpassed heart disease as the second leading cause of death in hospitals.

According to WHO “cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs. The latter process is called metastasizing and is a major cause of death from cancer. A neoplasm and malignant tumor are other common names for cancer”. (**Cancer, 2022**)

In Sri Lanka breast, oral cavity, esophagus, cervix, lungs, thyroid, colon & rectum, lymphoma, ovary and leukemia are the ten most common cancers. Among these cancers breast cancer is the most common cancer in Sri Lanka. National Cancer institute of Sri Lanka (NCISL) breast cancer registry was used to identify all women diagnosed with invasive primary breast cancer between 2016 and 2020. The NCISL treats almost 40% of all cancer patients in Sri Lanka. (**BMC Cancer, 2022**)

In 2019 there were 31484 total cancer cases in Sri Lanka and 14854 of them are male and 16994 were female. Breast cancers are popular among female patients and Lip, tongue, mouth cancers are popular among male patients. (**National Cancer Control Programmed, 2022**)

Breast cancer deaths in Sri Lanka reached 1,249 in 2018, accounting for 0.98% of all deaths, according to the latest WHO data. Sri Lanka ranks 160 in the world with an age-adjusted death rate of 9.58 per 100,000 people. (**Breast Cancer in Sri Lanka, 2022**)



Figure 3:5: Number of cases and crude incidence rates of leading cancer sites by sex in Sri Lanka, 2019 (CR per 100000 population)

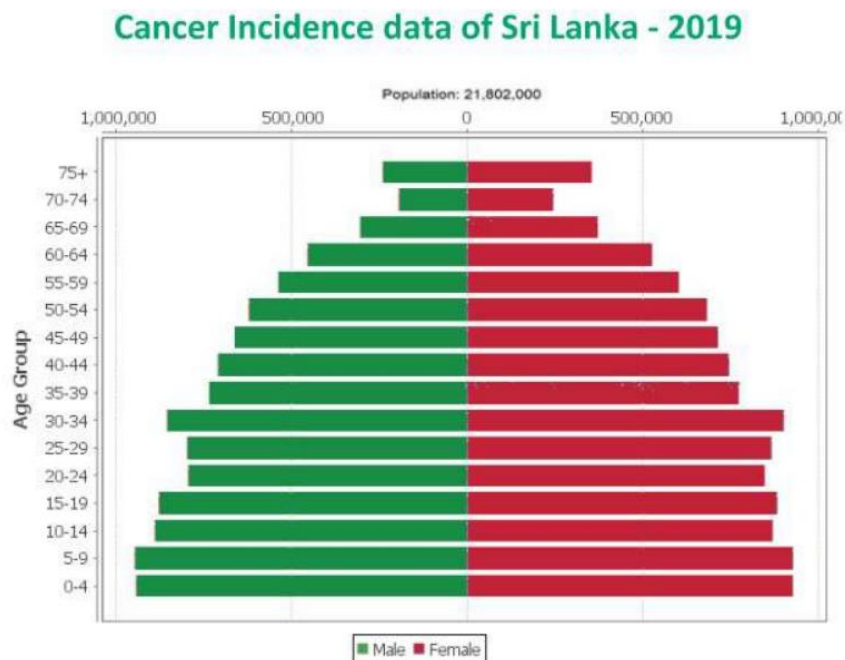


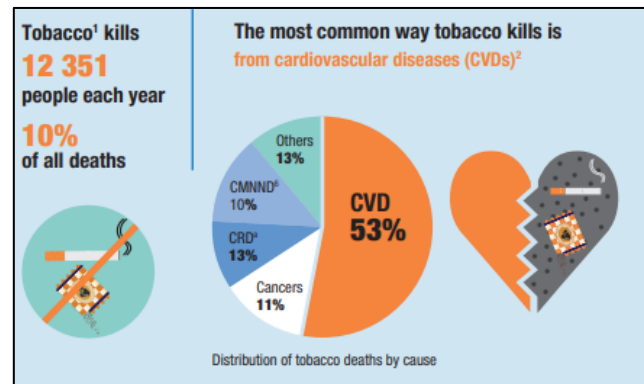
Figure 3:6: Population pyramid of Sri Lanka in 2019 by five-year age group

### 3.2 Common Reasons for NCD

There are several major risk factors which cause for every non-communicable disease such as **tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet.**

- Use of tobacco

- Based on the reports published in Sri Lanka data portal for NCD's in WHO official website we can clearly see that around one-fourth (25.8%) of adults were current users of some form of tobacco. According to the



*Figure 3:1: Distribution of tobacco deaths by cause*

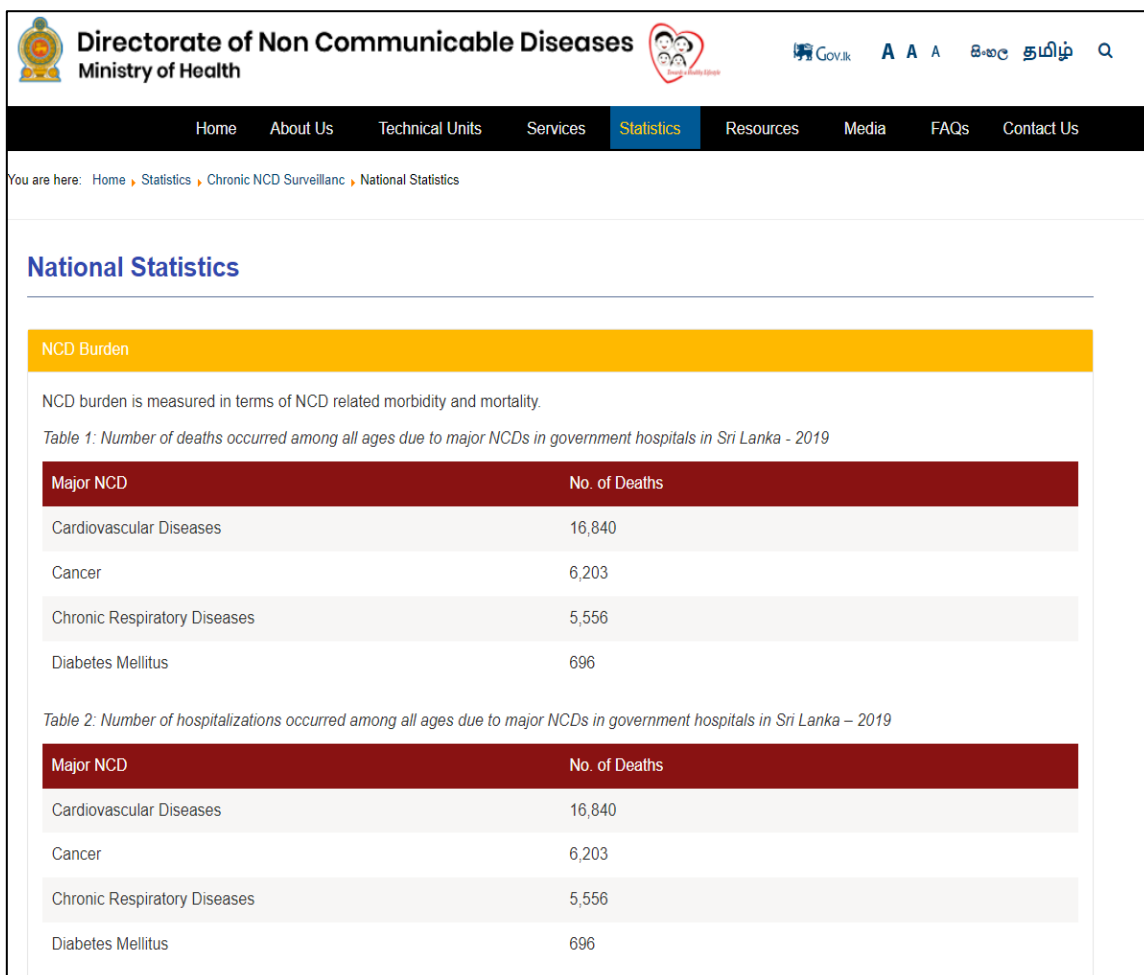
specialists, heart diseases and stroke are the commonest ways by which tobacco kills people. Also smoking is a considered as a major reason for kidney diseases.

- Physical inactivity

- As we can prove using strong evidence, average amount of physical activity is a protective factor against many non-communicable diseases. It is a fact that majority of Sri Lankan are involving in average or higher level of physical activities we can state that as 78%. But only a small portion of people engaged in day-to-day leisure activities. When comparing both male and female, we can clearly see that female (30%) are significantly inactive compared to males (19%). This problem may increase the risk of many non-communicable disease health conditions such as coronary heart disease (CHD), type 2 diabetes and shortens of life expectancy as well.

- Harmful use of alcohol
  - As reported by World Health Organization harmful use of alcohol cause for non-communicable diseases and social consequences as well. We can consider harmful use of alcohol is leading risk factor of most NCD's which is very common in Sri Lanka. When it considered globally, harmful use of alcohol is evaluated to reason more than 10% of the load of the NCD's as well as cirrhosis of the liver, pancreatitis, cancers.
- Unhealthy Diet
  - Foods which contain high-salt content, high-sugar content, high trans fatty acids and saturated fat are considered as unhealthy food or categorized under the group which is not suitable for human health. Although traditional Sri Lankan diets are based on rice and vegetables, considerable group of adults which is approximately 82% do not include adequate amount of vegetables to their daily diet. Even present usage of fat by the Sri Lankan citizen, a higher percentage of hydrogenated fat in other words saturated fat is included in the diet compared to unsaturated fat. Correlation between these saturated fat and unsaturated fat is an major risk factor for the development of cholesterol, cardiovascular diseases and stroke the leading NCD in terms of early deaths.

As stated in the “Directorate of Non-Communicable Diseases, Ministry of Health” website, you can see down below national statistics of deaths which were caused by NCD's.  
**(National Statistics NCDs, 2022)**



*Figure 3: 2: Number of deaths occurred among all ages due to major NCDs in government hospitals in Sri Lanka - 2019*



## Chapter 4 : How NCD Effect the Human Life Cycle

Non-Communicable disease can be affecting the human lifecycle in a severely. It can influence mentally as well as physically. Deaths caused by non-communicable diseases has increased during last years. This is not only common in Sri Lanka but also worldwide. According to WHO, about 41 million of people die within a year. Unhealthy lifestyle is the main reason for this condition. Cardiovascular disease, Cholesterol, diabetes, cancer, and metabolic diseases are common examples. Let's discuss how this disease effects mentally and physically to Human lifecycle.

### 4.1 Physical effects

According to WHO, “Non-communicable diseases (NCDs) such as heart disease, stroke, cancer, diabetes, and chronic lung disease cause over 80% of deaths in Sri Lanka. More than a quarter of Sri Lankan's are overweight, and one in four adults consume tobacco”. **(WHO Country Office Sri Lanka Launches a Model Health Corner, 2022)**

According to National Library of Medicine, “Strong evidence shows that physical inactivity increases the risk of many adverse health conditions, including the world's major non-communicable diseases (NCDs) of coronary heart disease (CHD), type 2 diabetes, and breast and colon cancers, and shortens life expectancy”. **(PMC3645500, 2022)**

Unhealthy Eating habits is a main reason for increasement of causing non-communicable diseases. A Healthy Diet is a meal that contain all essential nutrient for human. If people get used to a healthy diet, we can overcome this type of diseases. Types of food now people are addicted are the reasons for increasing this condition. Limitless alcohol consumption causes high blood pressure condition. Fast foods, eating foods with high amount of Sodium, carbohydrates and fat affects the health condition.

Eating food which contain high amount of saturated fat can result unhealthy levels of cholesterol. Cholesterol is a non-communicable disease that occur due to intake of too many foods that have a high level of fat. So, it increases the level of cholesterol in blood. A Person with high cholesterol may have chest pain, nausea (it is an uneasiness of the

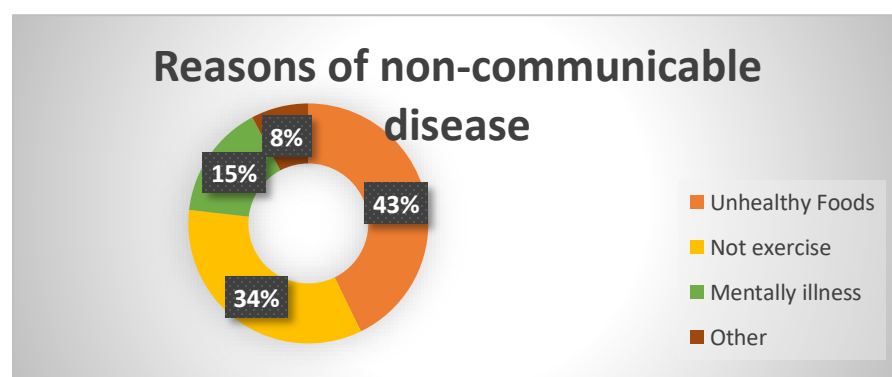
stomach that often comes before vomiting), shortness of breathing, body pain and Fatigue as symptoms.

Due to increasement of sugar level in the blood, it causes diabetes. It rises the risk of heart disease and stroke, kidney disease, vision problems, and nerve problems. Frequent urination, Increasement of thirst, fatigue, increasing hunger, weight loss are the early symptoms that a person with diabetes must face. It affects the mental health of that person as well.

Cancer can push on neighboring nerves, resulting in pain and loss of function in one body region. Loss of body weight, fever, Sores that do not heal, unusual bleeding are few symptoms that a cancer patient must face. This makes your lifestyle inactive.

Due to these types of diseases lifestyle of a person get totally different than they used to be. They get physically inactive and ill. They must get used to do more daily exercises with following good dietary plan.

Addiction to Alcoholic consumption, drugs and smoking also affects this condition in a critical way. Below mentioned pie charts shows to what extend these above-mentioned factors affects for non-communicable diseases.



*Figure 4:1:Reason for NSD*

## 4.2 Psychological effects

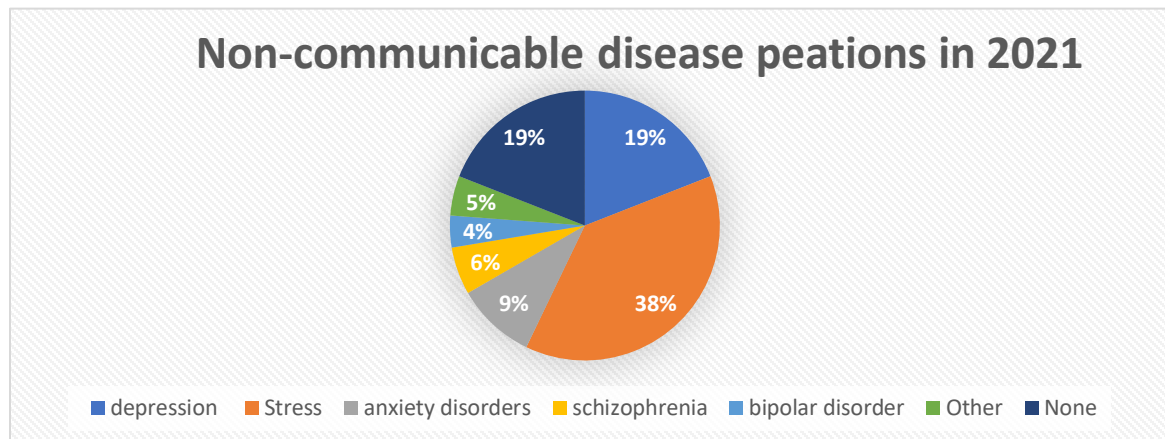
Cardiovascular disease, Cholesterol, diabetes, cancer, and metabolic diseases are often associated with common mental disorders (e.g., depression and anxiety disorders) and serious mental illnesses (e.g., schizophrenia and bipolar disorder). Epidemiological studies have shown a significant link between cardiovascular disease and chronic mental illness. Alcohol abuse or dependence in every country. Dosage response was observed to be associated with increased psychiatric disorders and heart disease, while there was a strong correlation between frequent early-onset psychiatric disorders, adult cardiovascular disease, and adult disease.

Other non-communicable sicknesses, which include most cancers and respiration sicknesses also are related to intellectual problems. Depressive spectrum problems are specifically not unusual to place in humans with most cancers. Systematic opinions have additionally proven hyperlinks among sure sorts of most cancers and tension problems and post-worrying pressure disorder. In World Mental Health Surveys, mood, tension, and substance use problems had been related to late-onset asthma.

The wondering is in the back of those new political declarations and commitments. Mental fitness ought to be covered in already a vast timetable of ailment prevention and management. From the public fitness perspective, a key cause is that intellectual problems, non-communicable sicknesses, and different continual conditions (which include HIV and tuberculosis) percentage not unusual place features

- They are chronic, in the sense that they persist over time and require continuous monitoring and treatment, often throughout life.
- They share common determinants in the sense that they arise from a combination of biological, behavioral, and environmental factors.
- There are significant similarities in their outcomes, all leading to significant levels of disability, which in turn reduces socio-economic opportunity

**(Mental Health, 2022)**



*Figure 4:2: Non communicable disease pie chart*

The pie chart illustrates the share of sufferers with non-communicable illnesses and mentally illnesses in 2021. This graph suggests that almost all of sufferers with non-communicable illnesses additionally be afflicted by intellectual contamination. Depression and pressure mainly are due to the bodily soreness and intellectual confusion due to non-communicable illnesses, so the bulk of sufferers be afflicted by each of these intellectual illnesses.

## **Chapter 5 : Ways of combating Non communicable diseases in Sri Lanka**

As far we know, an estimated 80% of non-communicable diseases are preventable. That means we can prevent many deaths that may happen because of our inappropriate actions only and only if we fight against these diseases as a nation, as one. As a nation, Sri Lankan government has taken many actions to fight against these diseases in many ways. Let's look at some of those ways.

### **5.1 Presenting a national policy and strategic framework for prevent & control NCDs**

In the year 2010 The National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases was published by the Ministry of Health. We can consider this as a very genius way that has taken to prevent non-communicable diseases based on some facts and information which are mentioned inside of it.

Our main goal is to prevent non-communicable diseases. To achieve our goal, we can see this national policy has approached to this problem in three major ways.

#### **I. Awareness**

In this national policy they have stated that what is the current situation of chronic NCDs in Sri Lanka and what are the main causes for these non-communicable diseases. Also, we can see most common non-communicable diseases and brief description of those diseases such as cardiovascular disease (CVD), diabetes, cancer, chronic respiratory disease.

#### **II. Counselling**

As we mentioned above some of our inappropriate actions like smoking, harmful use of alcohol, use of tobacco etc. may cause non-communicable diseases. So as a prevent those risks Sri Lankan government have chosen this is an ideal way to fight against these

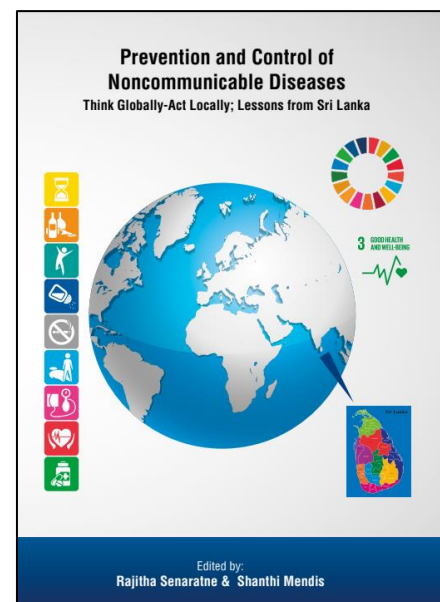
diseases by helping the people who are addicted to use these alcohol and tobacco products to stop these habits and get away from those habits.

### III. Creating environments that encourage healthy living

In this policy we can see some actions have been taken to empower the society for promote healthy lifestyle for prevent and control non-communicable diseases. As an example, we can declare the mechanism that proposed to be establish a community-based observation system to monitor trends in risk factors.

According to the “**Prevention and Control of Noncommunicable Diseases**” book, which was published in the year 2018, government proposed some national targets to prevent and control the NCDs. Those targets are very ideal and can make a huge effect against the fight with the NCDs. Let’s look some of those ideal targets.

**(Rajitha Senaratne & Shanthi Mendis (Editors), 2022)**



*Figure 5:1 "Prevention and Control of Noncommunicable Diseases"*

#### 5.1.1 Reduce harmful use of alcohol

As we stated in previous pages, harmful use of alcohol cause more than 10% of burden of the non-communicable diseases. So, it is very clear that if reduce this harmful use of alcohol problem we can prevent some non-communicable diseases which represent more than 10% of burden of the NCDs. Sri Lankan government has seen this as a national NCD target and taken very strict policies and interventions to achieve some objectives. those policies and interventions are,

- Marketing policies
  - Strategy: Eliminate all direct and indirect forms of alcohol advertising promotion and marketing.
- Pricing trade and investment policies
  - Strategy: Eliminate the harm related to alcohol and minimize the consumption of alcohol by price increasing,
- Drink driving policies and countermeasures
  - Strategy: Prevent driving vehicles and operating machinery after usage alcohol. No one with Blood Alcohol Concentration (BAC) exceeding the permissible level should not be allowed to drive a vehicle. Place police officers to detect those who driving vehicles after usage of alcohol.
- Community action
  - Strategy: Take necessary actions to make all parties of the society become active in working towards an alcohol-free society while taking care not to promote alcohol. Awareness the public of consequences of alcohol as seen and unseen harms of use.
- Availability and accessibility of alcohol products from any source
  - Strategy: Control the availability and accessibility of alcohol products in sustained and efficient manner to ensure the elimination of all forms of alcohol which may impact in harmful way with the society.

**“Prevention and Control of Noncommunicable Diseases” Book.  
(2022)**

### **5.1.2 Reduce tobacco use**

According to a results of non-communicable diseases risk factor survey which is conducted by World Health Organization and the Sri Lankan Ministry of Health in 2015, current prevalence of tobacco smoking among the people who are aged between 18 and 69 years was 15% with a daily smoking prevalence rate of 10.2%. Also, the reported prevalence of current tobacco smoking among men and women were 29.4% and 0.1% respectively. This tobacco use is a major problem because it is responsible for 1 in every 10 adult deaths in Sri Lanka as well. We can list down below some of tobacco control initiatives which are taken by Sri Lankan government.

- National Authority on Tobacco and Alcohol (NATA) Act
  - Sri Lanka is also the first country in the Southeast Asian Region which introduced a tobacco control legislation NATA. Under section 2 of the National Authority and Tobacco Act, no 27 of 2006 a National Authority was deployed, with the responsibility to reduce tobacco and alcohol.
  - National Authority on Tobacco and Alcohol (NATA) Act prohibits,
  - Sale of any tobacco or alcohol products to a person below 21 years of age.
  - Installation of vending machines for tobacco products.
  - Sale tobacco products without health warning and the tar, nicotine content in each tobacco product.
  - Free distribution, promotion, or advertisements
  - Smoking in public places.
- Packaging and labeling restrictions
  - On 1<sup>st</sup> of June 2015 Sri Lanka recommended to add pictorial health warnings covering 80% of the top surface area of both front and back covers of tobacco packets, which also contains a text message in all three Sinhala, Tamil and English languages used inside the country.





*Figure 5.2: Pictorial warnings in cigarette packets*

- Price and Tax measures
  - Tobacco tax in Sri Lanka governed by tobacco tax act. In 2016 government revenue from tax on cigarettes was LKR 88.8 billion, a 11% increase compared to the previous year. In 2016, reported gross turnover of the Ceylon Tobacco Company (CTC) was LKR 121.5 billion and the net revenue was LKR 31.7 billion. Based on a tobacco tax proposal presented by NATA, in September 2016 cabinet approval was obtained for a 74% increase in tax on cigarettes which caused increasement of every tobacco product. we can state this action caused land a very deadly blow on tobacco companies in Sri Lanka and discourage the use of tobacco products. **(Sri Lanka- Country Profile - Tobacco Tactics, 2022)**

## **Chapter 6 : Conclusion**

In conclusion all in all, Sri Lanka is experiencing an NCD epidemic, with substantial death and morbidity. The rising trend of crude death rates, age standardize death rates, and unconditional probability of dying related to four major NCDs throughout the first decade of the twenty-first century clearly demonstrates this. Major causes to these NCDs are physical inactivity, harmful use of alcohol and tobacco, and unhealthy diet. According to these habits NCDs are speeding in all over the world more than other diseases. The bulk of NCD deaths occur in the country's workforce, which has a detrimental impact on the economy. As a result, legislative reforms are required to prevent and control NCDs, as well as to ensure that programs are implemented effectively. If the current upward trend continues, Sri Lanka is unlikely to achieve a 25% decrease in early NCD mortality by 2025. The unconditional probability of dying owing to NCDs must be regularly monitored, with increased data quality, to provide strong evidence to policymakers.

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