



Ministry of Health
& Family Welfare
Government of India

National Multisectoral
Action Plan for

Prevention and Control of Common Noncommunicable Diseases

(2017-2022)





**Ministry of Health & Family Welfare
Government of India**

**National Multisectoral
Action Plan for
Prevention and
Control of Common
Noncommunicable
Diseases**

(2017-2022)

Revised Version

October 2017

Supported by WHO Country Office for India



जगत प्रकाश नड्डा
Jagat Prakash Nadda



स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
Minister of Health & Family Welfare
Government of India



Non-communicable Diseases (NCDs) are accounting for high premature mortality, morbidity and disability in the country. In India, an estimated 59 lakh people – accounting for 61% of total mortality in 2015 – died due to Cardiovascular Diseases, Cancers, Diabetes and Chronic Lung Diseases. Of these unfortunate deaths, more than one third were reported to be under the age of 60.

Common behavioural risk factors for NCDs such as tobacco use, alcohol use, unhealthy diet, inadequate physical activity and air pollution lead to raised blood sugar, high blood pressure, raised cholesterol levels, overweight and obesity. While the adverse impacts of globalization, rapid unplanned urbanization, and increasingly sedentary life style accentuate the growing burden of NCDs; ironically, in most cases these diseases are preventable, by the way of modification of lifestyle. Early detection and appropriate care could also avert premature mortality significantly.

Unless timely action is taken, the cost of NCD burden over the next three decades is estimated to be very high. Effectively and sustainably addressing the health and developmental burden of NCDs is the need of the hour.

Addressing NCD risk factors require interventions from various sectors beyond health. Coordinated multi-stakeholder engagement at different levels of wide range of actors including government, is needed for effective prevention and control of NCDs. National health Policy 2017 has duly underlined significance of prevention and control of NCD and has impressed upon for implementing effective prevention and control strategies which are in line with the National Multisectoral Action Plan.

I am confident that the National Multisectoral Action Plan to prevent and control common NCDs (2017-2022) will serve as a blueprint for India's pursuit to deal with the growing burden of NCDs within socio-economic, cultural and health systems context of the country. I am equally convinced that the Plan will bring synergy across existing programmes within the health sector for tackling preventable morbidity and mortality, as well as avoidable disability due to NCDs.

(Jagat Prakash Nadda)

348, ए-स्कंध, निर्माण भवन, नई दिल्ली-110011
348, A-Wing, Nirman Bhawan, New Delhi - 110011
Tele.: (O) : +91-11-23061661, 23063513, Telefax : 23062358, 23061648
E-mail : hfwminister@gov.in



अश्विनी कुमार चौबे
Ashwini Kumar Choubey



स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA



Message

A substantial portion of premature mortality from Non-Communicable Diseases (NCDs) is attributable to behavioural, dietary, environmental, and metabolic risk factors. In order to reduce the burden, it is important not only to address the diseases but also the underlying risk factors such as tobacco and alcohol use, unhealthy diet, physical inactivity, environmental, as well as indoor household air, pollution and its social determinants.

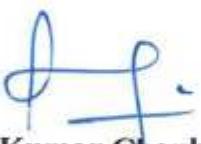
India, with its wide socio-cultural, economic, and geographical diversities, poses several unique challenges in addressing NCDs. The complex network of determinants of health and interrelated factors demands implementation of a comprehensive multi-sectoral policy to reduce premature mortality from NCDs.

The National Action Plan for prevention and Control of Common NCDs (2017-2022) focus on four priority areas – governance, prevention and promotion, health care, and surveillance and monitoring as endorsed by the Heads of the States during the UN High Level Political Declaration on NCDs in 2011. India is also the first country to develop its own National Monitoring Framework for Prevention and Control of NCDs, with specific targets for 2020 and 2025, which are aligned to the National Health Policy, 2017.

The action plan provides an opportunity that all stakeholders understand the problem, share knowledge and resources, and contribute towards sustainable solutions for mitigating the NCD risk factors. The proposed roadmap, outlined in the plan, is primarily directed towards national level but may also be applied at sub-national levels. The jurisdiction of health services being with the states, presents a platform for addressing multi-sectoral aspects of NCDs from the local perspective.

I am delighted that essential policy options and cost-effective measures outlined will help to contribute towards achieving the goal and objectives of the National Action Plan. The states are encouraged to adopt the action plan by according priority to the National NCDs response.

New Delhi
Sept, 2018.



(Ashwini Kumar Choubey)



अनुप्रिया पटेल
Anupriya Patel



I/3182544/2018
स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार

Minister of State For
Health & Family Welfare
Government of India



MESSAGE

India is experiencing rising burden of Non Communicable Diseases (NCDs) mainly cardio-vascular diseases, cancers, diabetes and Chronic Respiratory Diseases. These diseases share common behavioural risk factors and are influenced by wider determinants of health such as lifestyle, rapid urbanization, the negative side of globalization as well as socio-economic conditions in which people live. Unless addressed comprehensively and early, a rising trend is expected in the years ahead in the burden of NCDs, which can undermine developmental gains.

There is an important need to collaborate across sectors due to diverse nature of risk factors of common NCDs. The National Health Policy, 2017, effectively articulates the need to institutionalize inter-sectoral coordination at national and sub-national levels to optimize health outcomes and risk factor reduction, through representation from relevant non-health Ministries also.

In this context, the National Multisectoral Action Plan for the prevention and control of NCDs, brings together key stakeholders, who can have potential influence on risk factor mitigation. The action plan guides the engagement of the health sector systematically across government and with other sectors to address the health dimensions of their activities.

I appreciate the commitment of the different Ministries/Departments of the Government of India who have nominated senior officials for effective collaboration and coordination to achieve the targets outlined in the plan.

I hope that the partnership approach and combined actions of all stakeholders will contribute to the successful implementation of the action plan, thereby reducing the burden of NCDs.

(Anupriya Patel)

कार्यालय : 652, 'ए' खण्ड, निर्माण भवन, नई दिल्ली-110 011. दूरभाष : 23063230 फैक्स : 23061238

Office : 652, 'A' Wing, Nirman Bhavan, New Delhi-110 011. Telephone : 23063230, Fax : 23061238

कैम्प कार्यालय, मिर्जापुर : भरुहना चौराहा (पुरानी हीरो हॉटेल एजेंसी के सामने), मिर्जापुर-231001 (उ.प्र.) फोन : 05442 - 220133

आवासीय कार्यालय, दिल्ली : सी-1/16, पंडारा पार्क, नई दिल्ली-110 003 फोन : 011-23782610

E-mail: officeanupriyapatel@gmail.com

प्रदीप कुमार सिन्हा
PRADEEP K. SINHA



मंत्रिमंडल सचिव
भारत सरकार
CABINET SECRETARY
GOVERNMENT OF INDIA



MESSAGE

Non Communicable Diseases (NCDs) pose new challenges to the Health System of the country. The four common NCDs (Cardiovascular Diseases, Cancer, Diabetes and Chronic Respiratory Diseases) are estimated to account for over 57% of the total mortality in the age group of 30-69 years, thereby adversely impacting social and economic development.

Public policies and decisions taken across various sectors such as education, finance, agriculture, labour, trade, commerce and at different levels of Governance can significantly impact health of population and health equity. Attainment of the 2030 Sustainable Development Goals (SDGs) in general and the health-related targets in particular rely heavily on our concerted and coordinated response to the challenges posed by NCDs.

Ministry of Health and Family Welfare in consultation with different stakeholders has developed a National Multi-Sectoral Action Plan (NMAP) for prevention and control of common NCDs (2017-22). NMAP will guide in ensuring a holistic approach embracing health promoting policies, legislations, fiscal and structural measures, necessary to address complex social determinants of NCDs and their risk factors. The vision of the Action Plan can only be realized with the active engagement of different groups of stakeholders such as Union Ministries, States Governments, Private sector, Civil Society, Professional Bodies, Academia and International Partners, working in unison.

I sincerely believe that the NMAP will prove to be a valuable resource in coordinating and guiding the various sectors of Government and other stakeholders to deal with the problem of NCDs in the country.

(P.K. Sinha)

अमिताभ कांत
Amitabh Kant
मुख्य कार्यकारी अधिकारी
Chief Executive Officer



भारत सरकार
नीति आयोग, संसद मार्ग,
नई दिल्ली-110 001
Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Aayog, Parliament Street,
New Delhi-110001
Tel. : 23096576, 23096574 Fax : 23096575
E-mail : ceo-niti@gov.in, amitabh.kant@nic.in



FOREWORD

India has high burden of Non communicable Diseases (NCDs) such as Diabetes, Cancer, Cardiovascular Diseases and Chronic Respiratory Diseases etc. In 2015, NCDs accounted for 57% premature mortality in the productive age group i.e age 30-69 years. NCDs negatively impact productive output, revenue, profitability, and industry performance which could substantially hinder economic growth and may widen socioeconomic inequities. Measures are needed to check these preventable diseases-often associated with the broader socioeconomic environmental and political factors, as well as the behavior of individuals-for India to fully reap the benefits of its economic growth.

Global and national development agenda are increasingly focusing on the need to address the challenge of NCDs. National Health Policy, 2017 has laid necessary ground for tackling major public health problems, including NCDs. SDGs also recognizes the need to tackle the growing burden of NCDs and call for action that requires the partnership of governments, private sector, civil society and citizens alike to make sure we leave a better planet for future generations.

NITI Aayog, which is the nodal point for monitoring progress under SDGs, is committed to monitor the progress under the goals for NCDs. Effective NCD prevention and control requires coordinated multi stakeholder engagement and concerted action for health from both governmental agencies and private agencies. Fostering partnerships across the various sectors of Government, including the State Governments, civil society organizations, private sectors, professional bodies, academic institutes, and developmental partners, is important to implement multisectoral actions required to achieve the targets in health sector under SDGs.

My heartiest congratulations to Ministry of Health & Family Welfare for designing the multisectoral approach in addressing this issue. I am confident that National Multisectoral Action Plan (NMAP) for prevention and control of NCDs (2017-22) will provide a blue print for coordinating multi sectoral actions for achieving the objectives and realizing the expected outcomes. I wish the MoHFW all success in this critical endeavor.

(Amitabh Kant)
01/05/2018



प्रीति सूदन

सचिव

PREETI SUDAN

Secretary



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India

Department of Health and Family Welfare

Ministry of Health & Family Welfare

Dated : 9th April, 2018



FOREWORD

Common Noncommunicable Diseases (NCDs) are chronic in nature and the onset is affected by lifestyle. The NCDs accounted for 52 lakh deaths in 2008 which rose to 59 lakh deaths in 2015. NCDs also account for about 40% of all hospital stays and approximately 37% of all recorded outpatient visits in India.

In order to reduce the growing burden of NCDs, it is not only important to address the diseases but also to address underlying behavioural risk factors such as tobacco and alcohol use, unhealthy diet, physical inactivity and environmental risk factors such as air pollution along with other social determinants.

Given that the NCDs, their risk factors and social determinants arise out of and have implications on sectors beyond health, a multisectoral response is critical to tackle the challenges in a comprehensive manner. This call for the need to have multisectoral coordination mechanisms that offer a synergistic response to prevent and control NCDs.

The National Multisectoral Action Plan for Prevention and Control of Common NCDs (2017-2022) addresses the need of multisectorality of actions and provides a framework for multisectoral actions. It aims to build partnerships and coordinated response across sectors.

The four strategic pillars under the Plan are Integrated and Multisectoral Coordination Mechanisms, Health Promotion, Health Systems Strengthening and Surveillance, Monitoring, Evaluation and Research. Implementation of the Plan can be monitored through a set of indicators that are consistent with the global monitoring network.

I am sure that the National Multisectoral Action Plan will strengthen mechanisms for multisectoral actions to prevent and control common NCDs.


(Preeti Sudan)

Table of Contents

Acronyms	i
1. Background	1
2. National Multisectoral Action Plan for Prevention and Control of Common NCDs (2017-2022)	5
2.1 Integrated and Multisectoral coordination	6
2.2 Health Promotion	6
2.3 Health Systems Strengthening	7
2.4 Surveillance, Monitoring and Evaluation	8
3. Framework for Implementation	9
3.1 Timeframe for implementation	9
3.2 Implementation Mechanism	9
3.3 Role of Stakeholders	11
3.4 Action Plan Matrix by Strategic Action Areas	11
4. Opportunities and Challenges	26
References	27
Annexures	29
1 Timeframe for Implementation	29
2 Details of implementation mechanisms	32
3 Role of key ministries	37
4 Role of select stakeholders	46
5 National Response to NCDs	47
6 National Programmes to address Noncommunicable Diseases	49

Acronyms

AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
CCHFW	Central Council of Health and Family Welfare
CHC	Community Health Centre
CHEB	Central Health Education Bureau
CND	Central NCD Division
COPD	Chronic Obstructive Pulmonary Disease
COTPA	Cigarettes and Other Tobacco Products Act
CoS	Committee of Secretaries
CSO	Civil Society Organization
CVDs	Cardiovascular Diseases
DHR	Department of Health Research
Dte.GHS	Directorate General of Health Services
DLCC	District Level Coordination Committee
FCTC	Framework Convention on Tobacco Control
FDI	Foreign Direct Investment
FSSAI	Food Safety and Standards Authority of India
GATS	Global Adult Tobacco Survey
GDP	Gross Domestic Product
GSHS	Global School-based Health Survey
GST	Goods and Services tax
GYTS	Global Youth Tobacco Survey
HFSS	High in Fat, Sugar and Salt
HMIS	Health Management Information System
HP	Health Promotion
ICMR	Indian Council of Medical Research
IEC	Information, Education and Communication
IMC	Inter-Ministerial Committee
IRDA	Insurance Regulatory and Development Authority
IT	Information Technology
M&E	Monitoring and Evaluation

MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
MSG	Mission Steering Group
NCDs	Noncommunicable Diseases
NCF	National Curriculum Framework
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHM	National Health Mission
NHP	National Health Policy
NIHFW	National Institute of Health and Family Welfare
NMP	National Manufacturing Policy
NMAP	National Multisectoral Action Plan for prevention and control of common NCDs
NMF	National Monitoring Framework
NMT	Non-Motorized Transport
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NTAG	National Technical Advisory Group
NTCP	National Tobacco Control Programme
PCP	Private Care Providers
PHC	Primary Health Centre
SDG	Sustainable Development Goals
SEZ	Special Economic Zone
TAG	Technical Advisory Group
ToT	Training of Trainers
UN	United Nations
UNCT	United Nations Country Team
UNSDF	United Nations Sustainable Development Framework
VHSNC	Village Health Sanitation and Nutrition Committee
WHA	World Health Assembly
WHO	World Health Organization

1. Background

India is experiencing rapid demographic and epidemiological transitions with NCDs causing significant disability, morbidity and mortality both in urban and rural populations and across all socioeconomic strata. According to the ICMR State Level Disease Burden Initiative, in 2016, NCDs accounted to an estimated 6.0 million deaths, constituting 62% of the total mortality of that year. The four NCDs - Cardiovascular Diseases, Cancers, Diabetes and Chronic Respiratory Diseases - contributed to nearly 58% of the premature mortality in the age group 30-69 years.¹ National Cancer Registry Programme has estimated cancer prevalence to be around four million, with over 1.45 million new cases and estimated 733,000 deaths occurring in the country for the year 2016.² ICMR – INDIAB study has estimated prevalence of diabetes as 7.3% and there are nearly 60 million people suffering from diabetes.^{3,4} Prevalence of Hypertension which is the principal risk for CVD, has considerably increased in Indian population in last two decades.^{5,6} Tobacco use is a leading risk factor for NCDs attributable to nearly 1.3 million deaths every year. About 28.6% of adults use tobacco products in some form.⁷

The NCDs share modifiable behavioural risk factors such as tobacco use, unhealthy diet, lack of physical activity, and alcohol use. Air pollution has rapidly emerged as an important risk factor for NCDs. The behavioral and environmental risk factors lead to overweight and obesity, raised blood pressure and raised cholesterol, subsequently increasing the occurrence of CVDs, diabetes, cancers, and chronic respiratory diseases. A large proportion of NCDs are preventable. However, if no action is taken, the cost of NCD burden over the next three decades is estimated to amount to trillions of dollars of lost resources.⁸ In India, the share of NCDs in out-of-pocket health care expenditure is estimated to be more than 47%.⁹

The global pandemic of NCDs is a threat to Sustainable Development. The Sustainable Development Goals (SDGs) include reducing premature deaths from the four main NCDs by one-third by 2030. Furthermore, three of the nine health targets in SDGs also focus on NCDs-related issues.

There are recognizable interconnections between health, particularly NCDs, and sustainable development. Effectively and sustainably addressing the health and developmental threat of NCDs requires careful attention to underlying social, cultural, economic, political, and environmental determinants that operate at societal level and in turn influence the behavioral risk factors. Vulnerable and socially disadvantaged populations face disproportionate risk and poor health outcome from NCDs. The actions to tackle these social determinants extend beyond the direct influence of the health sector and health policies. Thus, public policies and decisions made in all sectors and at different levels of governance can have a significant impact on population health and health equity.^{10,11}

Besides social determinants, the growing burden of NCDs is accelerated by the negative effects of globalization, rapid and unplanned urbanization and increasingly sedentary lives.

It is recognized that effective NCDs prevention and control require leadership, coordinated multi-stakeholder engagement and multisectoral action for health both at government level and at the level of a wide range of actors. Health-in-all-policies and whole-of-government approaches require engagement across sectors such as health, agriculture, communication, education, employment, energy, environment, finance, food, foreign affairs, housing, justice and security, legislature, social welfare, sports, tax and revenue, trade and industry, transport, urban planning and youth affairs and partnership with relevant civil society and private sector entities.^{12,13}

The health sector related interventions generally targeted at the upper level of the pyramid are costlier, while interventions at the lower portion of the pyramid cater to larger populations, are more cost-effective and multisectoral in nature (figure 1).

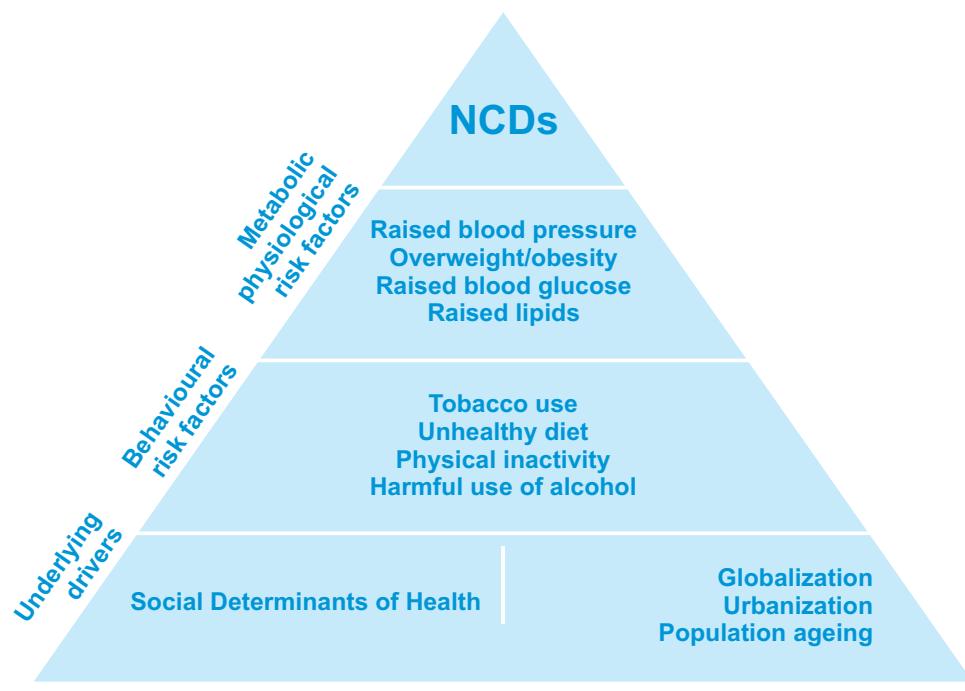


Figure 1: Social Determinants of Health and NCDs

Government of India's response to NCDs has been robust and aligned with Political Deceleration conveyed in the High-level Meeting on the Prevention and Control of Non-communicable Diseases at the United Nations General Assembly (UNGA) in 2011 and 2014.^{14,15} The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) has been expanded to cover entire country. Population Based Screening initiative for Hypertension, Diabetes and three common Cancers has been initiated for structured screening, disease management, referral and follow-up.¹⁶ The integration of services at district level and beyond has been brought under the umbrella of National Health Mission. Details of National NCD Programmes is mentioned at (Annex 6)

Tobacco control represents one of the most cost-effective interventions that are applied both at population and individual levels, with defined roles for multiple stakeholders beyond the health sector. The WHO FCTC is a legally binding global treaty ratified by India in 2004. To drive the implementation of the WHO FCTC by different sectors, high level coordination committees have been established at national, state and district levels. The Ministries which have mostly contributed towards tobacco control at Union Government and State level include: Ministry of Human Resource Development, Ministry of Information and Broadcasting, Ministry of Home Affairs, Ministry of Labour, Ministry of Railways and Ministry of Finance. In addition Parliament, judiciary, civil society and media have also been significant allies for the advancement of tobacco control in India. Preliminary work is underway with the Ministry of Agriculture, Ministry of Labour, Department of Rural Development and Ministry of Environment and Forest for working out strategies to provide alternative livelihoods for those engaged in beedi rolling, tendu leaf plucking and tobacco cultivation. National Tobacco Control Cell has been established in the Ministry of Health and Family Welfare for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. Every State has a State Tobacco Control Cell, which is responsible for planning, implementation and monitoring at State level.¹⁷

After the endorsement of World Health Assembly resolution 66.10, India became the first country globally to define its National NCD Monitoring Framework with country-specific targets and indicators and committed to 10 targets and 21 indicators to be achieved by 2025.¹⁸ The targets and their indicators to address morbidity, mortality, risk factors as well as national health systems response (Annex5).

A Central team of experts from Ministry of Health and Family Welfare (MoHFW), Indian Council of Medical Research (ICMR), All India Institute of Medical Sciences, and WHO Country Office for India, facilitated the drafting of NMAP. Series of consultations and workshops were organized between 2013-2017 with various stakeholders including Union Government Ministries, State Governments, Civil Society Organizations, Academia, Private sectors, International and Intergovernmental organizations inter alia to achieve general agreement on action plan.

The broad contours of the strategies to achieve the targets proposed under NCD Monitoring Framework were identified from the consultations and recommendations were grouped into four strategic areas in the action plan, namely:

- I. Integrated and Multisectoral Coordination Mechanisms
- II. Health Promotion
- III. Health Systems Strengthening;
- IV. Surveillance, Monitoring, Evaluation and Research.

The action plan was reviewed by the 39 Union Government Ministries/ Departments including Cabinet Secretariat during 2015-2017 for feedback and comments.

During the action plan developmental process, 34 Departments/ Ministries of Union Governments have designated nodal officers for coordinating the multisectoral actions. MoHFW has also established Expert Group Committees/ Task Force/ Technical Advisory Groups on Air Pollution, Tobacco control, Alcohol control, High Fat, Salt and Sugar which guides on the evidence based cost effective intervention to mitigate NCD risk factors.

Important Milestones

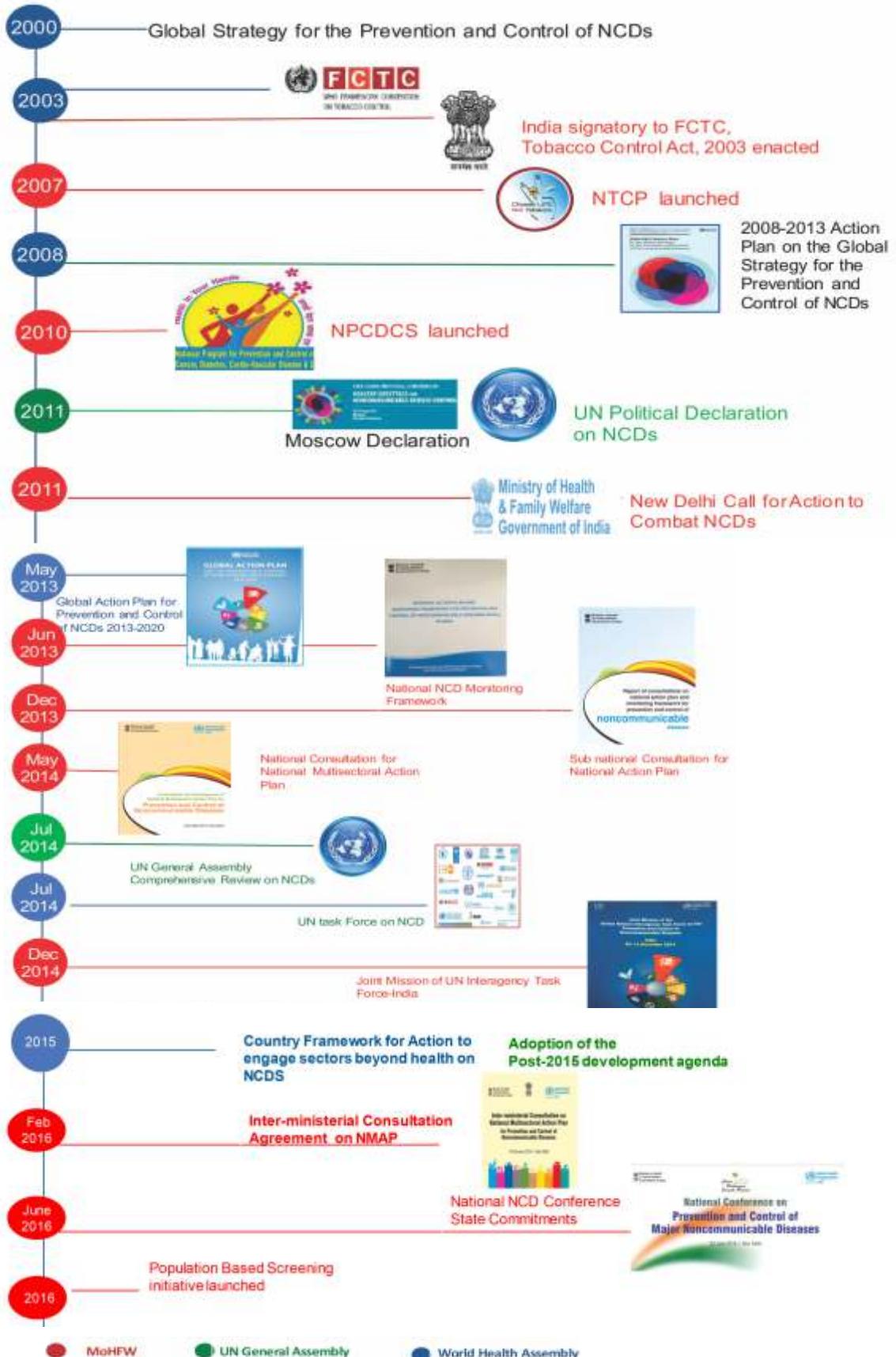


Figure 2: Key milestones in global and national initiatives for NCD prevention and control

2. National Multisectoral Action Plan for Prevention and Control of Common NCDs (2017-2022)

Purpose

National Multisectoral Action Plan for Prevention and Control of common NCDs (2017-2022) is a national blue print and will provide a clear direction to the nation's pursuit to tackle the growing burden of NCDs within the specific socio-economic, cultural and health systems contexts of the country. Successful implementation of this Action Plan will require high-level political commitment, sustained investment of resources and the concerted involvement of governments, communities and other stakeholders in society. Implementation of the plan will be monitored through a set of indicators that are consistent with the global monitoring framework. The Action Plan will ensure a holistic approach embracing policy, legal and structural components necessary to address complex social determinants of NCDs and their risk factors. Most importantly, the Action Plan provides a framework to support and strengthen a partnership with non-health stakeholders to integrate NCD prevention strategies within their plans and programmes. Within the health sector, the Action Plan will build synergies with the existing programmes.

Vision

"All Indians enjoy the highest attainable status of health, well-being and quality of life at all ages, free of preventable Noncommunicable Diseases (NCDs) and premature death."

Goal

Promote healthy choices, reduce preventable morbidity, avoidable disability and premature mortality due to NCDs in India.

Objectives of the Action Plan

- To advocate for increase in the priority accorded and resources allocated to the prevention and control of noncommunicable diseases in the national agenda and policies.
- To strengthen national capacity to lead multisectoral partnerships to accelerate and scale-up national response to NCDs.
- To improve the capacity of individuals, families and communities to make healthier choices by creating healthy environments that promote health and reduce the risk of NCDs.
- To strengthen health systems to provide accessible and affordable good quality care to all people with disease or risk factors through primary health care approach.
- To establish sustainable surveillance, monitoring and evaluation systems for programme development and monitoring that promotes evidence based policy and programme development.

Four strategic action areas

2.1 Integrated and Multisectoral Coordination Mechanisms

Actions under this area aim to increase advocacy, create mechanisms for promoting multisectoral partnerships and strengthen capacity for effective leadership to accelerate and scale-up the national response to the NCD epidemic. To address NCDs and their underlying risk factors and social determinants, strong alliances are needed within the health sector and with other sectors (such as agriculture, education, finance, information, sports, urban planning, trade, transport to name a few) including governments, civil society, academia, private sector and international organizations.

The **key outcome** to be achieved under this strategic area is establishment of multisectoral collaboration and attainment of commitment to 'Health in all policies'.

The intermediate outcomes (outputs) under this strategic area include:

- i) Mechanisms established for interministerial collaboration and specific plans prepared for specific ministries
- ii) Increased engagement of elected representatives at centre and state level for NCD prevention and control
- iii) Increased involvement of international / development partners in prevention and control of NCDs
- iv) Interministerial coordination mechanisms / forum established at state level
- v) Establishment of interdepartmental committee at district level
- vi) Liaison and coordination of activities with stakeholders and partners
- vii) Identifying mechanisms for sustainable funding

2.2 Health Promotion

NCDs are profoundly influenced by wider determinants of health such as lifestyle, rapid urbanization, globalization as well as socio-economic conditions in which people live. 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 which are covered under this component include raising awareness, creating conducive environment and instituting healthy public policies. Creating a conducive and enabling environment can be achieved by appropriate legislative, regulatory and fiscal measures.

The **key outcome** to be achieved include reduction of risk factor levels in children, adolescents and adults. The risk factors include behavioural risk factors such as tobacco use, alcohol use, unhealthy diet, physical inactivity, environmental pollution including household air pollution and other social determinants.

The intermediate outcomes under this strategic area include:

- i) Institutional framework created for providing strategic leadership and co-ordination for health promotion activities in the country
- ii) Healthy public policies, fiscal measures and legislation evolved to provide enabling environment for prevention and control of NCDs
- iii) Cost effective measures to reduce risk of NCDs implemented
- iv) Informed mass media campaigns to raise awareness on all aspects related to NCDs especially focusing on risk factor prevention conducted
- v) Healthy settings approach in educational institutions, workplace, hospitals, villages/ cities adopted

2.3 Health Systems Strengthening

The actions outlined under this objective aim to strengthen the health system, particularly the primary health care system, including the health workforce for moving towards universal health coverage. All people should have access, without discrimination, to nationally determined sets of promotive, preventive, curative and basic rehabilitative health services; and essential, safe, affordable, effective and quality medicines. Further, it must be ensured that the use of these services does not expose the users to financial hardship. A strengthened health system directed towards addressing NCDs should aim to improve prevention, screening, early diagnosis, and sustained management of people with or at high risk for major NCDs in order to prevent complications, reduce the need for hospitalization and costly high-technology interventions and premature deaths.

The **key outcome** of this strategy is ensuring NCD related health services are incorporated under the Universal Health Coverage

The intermediate outcomes under this strategic area include :

- i) Preparedness of health system for provision of NCD services assessed
- ii) Capacity of human resources to provide NCD related services strengthened
- iii) Delivery of a comprehensive package of services at different levels of health care ensured
- iv) Model for involvement of private sector providers and NGOs in provision of NCD services developed and implemented
- v) Budget allocation to NCD programme increased and utilized
- vi) Policies and programmes leveraged to ensure financial protection of people for NCD care

2.4 Surveillance, Monitoring, Evaluation and Research

Monitoring and evaluation are an integral component of planning and implementation of any public health programme. The purpose of this component is to know whether the intended results are being achieved as planned. Availability of information using internationally comparable assessments on time trends of key outcome and impact indicators will help to benchmark the situation nationally, provide the evidence for advocacy, policy development, help to reinforce political commitment and make a case for advocacy for improved financial allocations.

The **key outcome** to be achieved by this strategy is that information on time trends of key indicators identified as a part of the National Monitoring Framework for prevention and control of NCDs are regularly made available.

The intermediate outcomes under this strategic area include:

- i) Strengthened information base for monitoring of Multisectoral Action Plan;
- ii) Mechanisms for Monitoring and Evaluation (M&E) of NMAP activities established and database for NCDs at national level maintained
- iii) Effective integrated Program Management Information System for NPCDCS developed and implemented
- iv) Robust surveillance mechanisms for measurement of burden due to NCDs and their risk factors established
- v) Periodic surveys to monitor the trend of indicators as identified under the national M&E framework conducted
- vi) Research priorities for NCDs identified and studies conducted
- vii) Mechanisms for effective monitoring and evaluation of health promoting activities established

3. Framework for Implementation

The Action Plan covers the period 2017 to 2022.

3.1 Timeframe for implementation

Key activities listed in the NMAP have been arranged according short-term (2017-19) and long term (2019-2022) time frame as presented in Annexure 1. First two years mainly focus on establishment of mechanisms and procedures, development of guidelines, capacity building and strengthening of health systems. It would also include conducting of surveys for 2017. The long term (2019-22), activities are related to enactment of laws and other regulatory measures, launching of IEC campaigns, formulation of appropriate policies, training and capacity building.

3.2 Implementation mechanisms

Principally the focus shall be to establish framework for multisectoral actions.

An Interministerial committee chaired by Secretary (Health and Family Welfare) is proposed which will include nodal officers of Joint Secretary level representing each of identified line ministries to implement and harmonize interministerial policies and actions. At next tier, different thematic working groups including experts and representatives of various stakeholders can be constituted which will focus on specific focus areas. These thematic working groups can be chaired appropriately.

There is always possibility of conflict or paucity of agreement on certain actions on interventions among different stakeholders, such issues shall be brought to Committee of Secretaries (CoS) for resolution. Interministerial committee may decide upon issue to be brought in Committee for Secretaries for resolution.

Similar mechanisms are proposed at state level and below. Details are given in the action plan matrix (section 3.4).

The United Nations Country Team (UNCT) can be appropriately represented in the Inter ministerial Committee and Health Promotion mechanism to harmonize and synergize the actions required for the prevention and control of NCDs.

Central NCD Division (CND) at headquarter can include experts on various thematic areas such as environment, policies, legislation, finance/ revenue, consumer protection, industrial coordination, nutrition, information technology, media communication inter alia. These experts can coordinate with the concerned ministries for various multisectoral actions.

It is envisaged to set-up or to leverage mechanism for health promotion as envisaged in National Health Policy, 2017 which will work for health promotion. Such Health Promotion (HP) mechanisms include representation from State Governments, civil society organizations, private sector, international partners and other stakeholders. It can work primarily in the critical areas of health promotion related to NCDs such as creating supportive environment, strengthening community actions, developing personnel skills, reorienting health services and supporting in developing healthy public policies and guidelines inter alia. The institution may attempt to provide an enabling environment by establishing framework for promotive and preventive health care which is sustainable.

A range of financing mechanisms like Corporate Social Responsibility (CSR) funds, funding from Consolidated Fund of India, International and other Grants, loans, 'Sin Tax' on unhealthy products inter alia can be considered for the continued availability of funds for the health promotion mechanisms.

ICMR is proposed to coordinate all data collection, compilation and synthesis to enable monitoring and evaluation of the NMAP. The detailed implementation mechanism is provided in *annexure 2*.

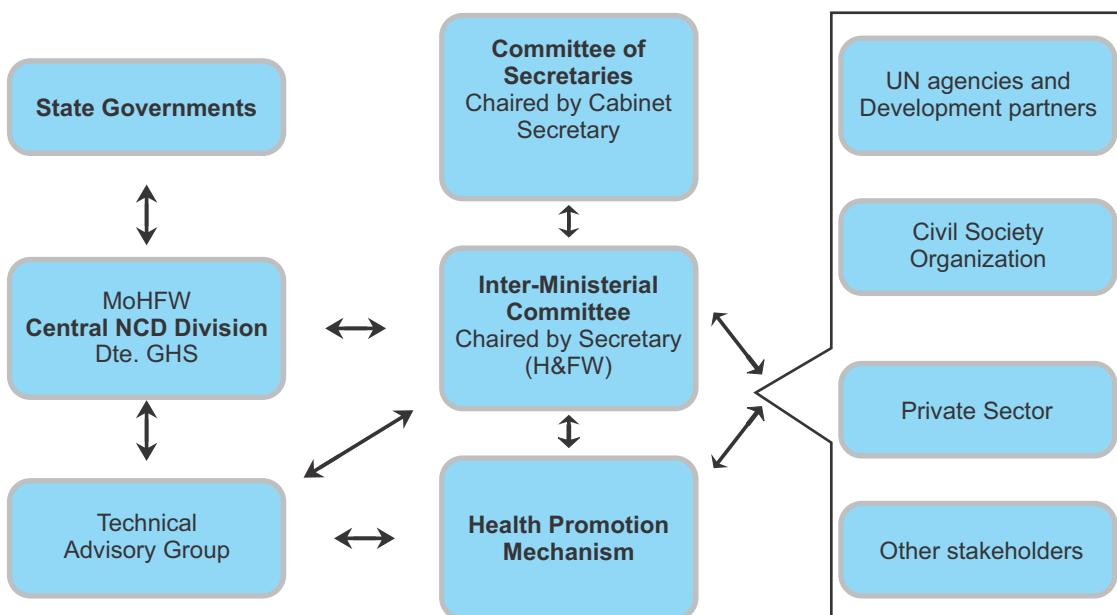


Figure3: Schematic implementation mechanism and related stakeholders

3.3 Role of stakeholders:

Five broad groups of stakeholders will be engaged for the successful implementation of this plan. They are different ministries of the Union Government, States / Union Territories, private sector, civil society and international partners. Brief description of roles of ministries is given at (*Annex 3*) The action plan will be flexible to include any partners in future. Other key stakeholders and their roles are listed at (*Annex 4*).

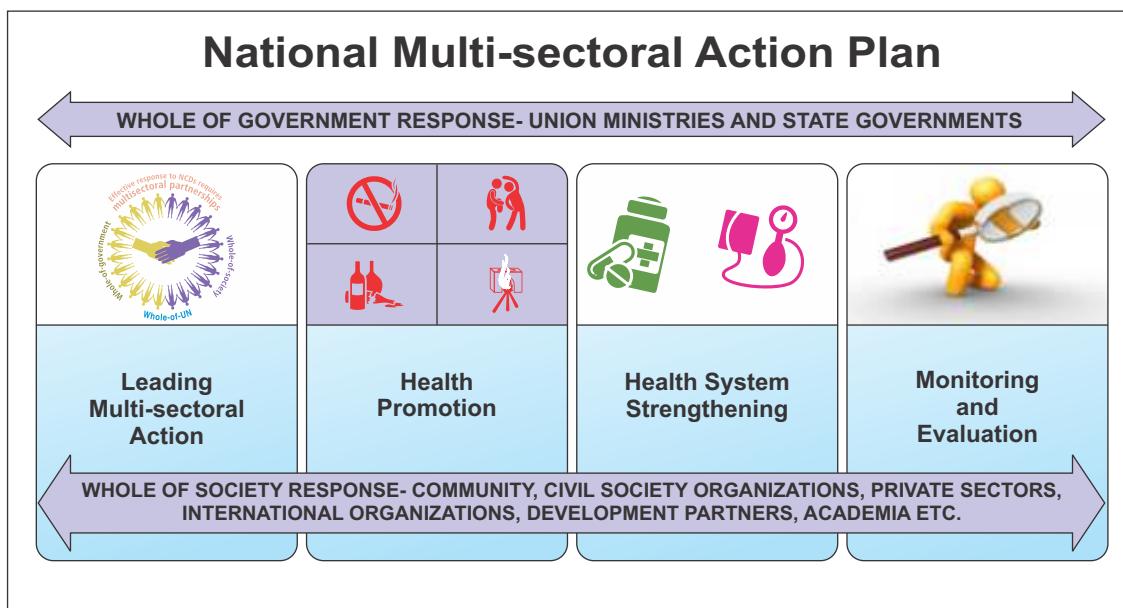


Figure 4: Key features of NMAP

3.4 Action Plan Matrix by Strategic Area

STRATEGIC AREA 1 : INTEGRATED AND MULTISECTORAL COORDINATION MECHANISMS

KEY OUTCOMES: Multisectoral collaboration established and commitment to 'Health in All Policies' attained

Outputs	Process/Activities	Year (2017-2022)					Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21		
	Committee of Secretaries (CoS) to be chaired by Cabinet Secretary to provide overall guidance, leadership and policy coherence	✓					MoHFW	Number of meetings of IMC held during the year
	Nodal Officers of the rank of Joint Secretary appointed in relevant Departments/Ministries to coordinate action for prevention and control of NCDs	✓	✓				All concerned Ministries	Proportion of Departments/Ministries with nominated nodal officers
Mechanisms established for inter-ministerial collaboration and specific plans prepared for specific ministries	Establishment and operationalization of Central NCD Division (CND) in MoHFW to coordinate the inter-ministerial activities	✓	✓	✓			MoHFW/All concerned Ministries	
	Technical Advisory Groups (TAGs) set- up for relevant thematic areas to provide support on implementation of agreed inter-sectoral actions	✓	✓	✓			MoHFW/All Concerned ministries	
	Resource allocation for agreed actions in each ministry for prevention and control of NCDs	✓	✓	✓	✓	✓	Ministry of Finance, NITI Aayog, Concerned Ministry,MoHFW	Number of Ministries with resource allocation for programme/ activities that contribute to prevention and control of NCDs

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Increased engagement of elected representatives at Centre and State level for NCD prevention and control	Inclusion of NCDs issues in existing Parliamentarians'Assembly Members Forum and to create new such Forums; Prepare and conduct short orientation sessions for NCDs for elected representatives	✓	✓	✓	✓	✓	✓	Ministry of Parliamentary Affairs	Number of Parliamentarian Forums highlighting NCDs Number of orientation sessions conducted for elected representatives
Increased involvement of International Partners in prevention and control of NCDs	Hold meetings periodically to harmonize the work of UNCT and other development partners; Include activities in the United Nations Sustainable Development Framework (UNSDF)	✓	✓	✓	✓	✓	✓	MoHFW, UNCT	Number of NCD related objectives/ targets/ indicators included in UNSDF document and other UN agencies work plans
Inter-ministerial coordination mechanism / forum established at State level	Inclusion of NCD related issues on the Agenda of meetings of Mission Steering Group (MSG) and Central Council of Health & Family Welfare (CCHFW); and Set-up of Standing Committee of secretaries under the chairmanship of Chief Secretary to devise multisectoral actions at State level	✓	✓	✓	✓	✓	✓	MoHFW (NHM), Central Council for Health and Family Welfare, State Governments	CCHFW meetings with NCDs on the agenda MSG meetings with NCD agenda Number of States with SCoS mechanisms
Establishment of Inter-departmental committee at District Level	Liaison and coordination of multisectoral activities with stakeholders / partners at district level; Expand the existing District Level Coordination Committee (DLCC) on Tobacco Control to review multisectoral actions of NCDs							State Governments , DLCC	Number of districts with multisectoral committee addressing NCDs
Liaison and coordination of activities with stakeholders and partners	Stakeholder mapping and engagement for NCDs; Periodic consultations with all relevant stakeholders; Create and maintain online/offline platforms for sharing of views and experiences; Prepare policy briefs/factsheets on impact of NCDs in India	✓	✓	✓	✓	✓	✓	MoHFW, National and International partners, civil society partners	Number of meetings/consultations held with stakeholders Establishment of National NCD Portal Number of policy briefs prepared for NCDs

*Ministries /Departments leading the process/activities are highlighted in bold text

STRATEGIC AREA 2 – HEALTH PROMOTION (*Detailed actions according to Ministries/ Departments are at Annex 3*)

KEY OUTCOMES: Risk factor levels in adults and children reduced (tobacco use, alcohol use, unhealthy diet, physical inactivity and household air pollution)

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Institutional framework created for providing strategic leadership and coordination for health promotion activities in the country	Set-up multi stakeholder Health Promotion (HP) Mechanism to assess, design, implement and coordinate Health Promotion activities in the country	✓	✓					MoHFW	HP Mechanism is set-up
	Develop and maintain a website/ portal as a one stop resource for providing health promotion information	✓	✓	✓	✓	✓	✓	Health Promotion Mechanisms	Publication of annual report of different health promotion activities
	Implement innovative financing mechanisms like Corporate Social Responsibility (CSR) funds, Donors & Developmental Partner's Funds, Loan/ Grants, "Sin" tax inter alia for funding of HP activities	✓	✓	✓	✓	✓	✓	Ministry of Finance, Ministry of Corporate Affairs, MoHFW	Resources mobilized other than MoHFW grants for HP activities and percentage of total resource utilization for health promotion activities
Cost effective measures to reduce risk of NCDs implemented	Under Goods and Services Tax(GST), raise taxes on all sort of tobacco products to reduce consumptions; Under GST, raise taxes on HFSS food and Nonalcoholic Sugary Sweetened Beverages to reduce consumptions	✓	✓	✓	✓	✓	✓	Ministry of Finance (Department of Revenue), MoHFW	Total taxes on tobacco as a percentage of retail price Total taxes on Nonalcoholic Sugar Sweetened Beverages and HFSS as a percentage of retail price
	Leverage existing schemes of agriculture and food processing sectors for reducing wastage of fruits and vegetables such as National Horticulture Mission, Mega Food Parks, Pradhan Mantri Fasal Bima Yojana, 'Model Agriculture Produce Marketing Act' etc.	✓	✓	✓	✓	✓	✓	Ministry of Agriculture and Farmers Welfare, Ministry of Food Processing Industries	Number of districts covered under National Horticulture Mission

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
	Regulate advertisement of demerit goods through amendment of advertisement code of Cable Television Networks Rules& Norms of Journalist Conduct; and Trademark Rules	✓	✓	✓	✓	✓	✓	Ministry of Information and Broadcasting, Ministry of Commerce and Industry, Ministry of Law and Justice (Legal Affairs), Ministry of Commerce and Industry, Ministry of Consumer Affairs and Food Distribution, MoHFW	Amendment of advertisement code of Cable Television Networks Rules& Norms of Journalist Conduct
	Measures to regulate the supply side of demerit goods such as Tobacco, Alcohol and HFSS food (For industries manufacturing demerit goods:- Limiting facilities in Industrial corridors, Special Economic Zones; Classifying alcohol &HFSS foods in restricted sectors of Consolidated FDI Policy etc.); Implement strategies to regulate trade of demerit goods under Foreign Trade Policy,2015-2020 and other Bilateral/Multilateral International Trade Agreements; Discourage investment by insurance companies for business of demerit goods under IRDA Act							Number of products disincentivise based on criteria for producing demerit goods (in reference to National Manufacture Policy, SEZ etc.)	Proportion of industries/companies established in industrial corridors/parks/ Special Economic Zones implementing health promoting guidelines Number of international trade agreements restricting or discouraging trade of demerit goods

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
	Formulate National Alcohol Policy addressing sale, access, advertising, marketing and promotions through multi stakeholder consultative process							Ministry of Social Justice and Empowerment , Ministry of Law and Justice (Legal Affairs), Ministry of Commerce and Industry, MoHFW, Ministry of Information and Broadcasting inter alia	Availability of comprehensive National Alcohol Policy
	Implementation of interpretative front of pack labelling and detailed nutrient labelling at the back of pack	✓	✓	✓	✓	✓	✓	MoHFW (FSSAI) , Ministry of Food Processing Industries	FSSAI (Packaging and Labelling) Regulation amended for inclusion of front of pack labelling and detailed nutrient labelling
	Eliminating trans-fats from the food chain							Ministry of Food Processing Industries, MoHFW (FSSAI)	
	Regulations to promote reformulation of processed foods to limit the amount of Fats, Sugar and Salt in such products	✓	✓	✓	✓	✓	✓	Ministry of Information and Broadcasting , Ministry of Law and Justice (Legal Affairs), Ministry of Consumer Affairs and Food Distribution, MoHFW	
	Regulate advertising, marketing and promotion of unhealthy food to children							Ministry of Finance (Department of Revenue), Ministry of Agriculture and Farmers Welfare , Ministry of Food Processing Industries, Ministry of Commerce and Industry	
	Increase access to healthy foods through providing subsidy/incentives	✓	✓	✓	✓	✓	✓		

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
	Formulate Urban Transport action plan to promote non-motorized transport based on National Urban Transport Policy, 2014		✓	✓				Ministry of Housing and Urban Affairs , Ministry of Road Transport and Highways	Availability of Urban Transport Action Plan to address promotion of physical activity
	Effective enforcement of drunk driving legislations	✓	✓	✓	✓	✓	✓	Ministry of Home Affairs, Ministry of Road Transport and Highways	FSSAI (Packaging and Labelling) Regulation amended for inclusion of front of pack labelling and detailed nutrient labelling
Leverage the implementation of policies/schemes of education, sports, urban development, women and child development sectors to promote physical activity and other healthy lifestyle interventions (such as Khelo India National Programme for Development of Sports, National Physical Fitness Programme for School Children, National Initiative on Sports and Wellness, Saansad Adarsh Gram Yojana, Rashtriya Yuva Sashaktikaran Karyakram etc.)	Cost effective measures to reduce risk of NCDs implemented							Ministry of Youth Affairs & Sports, Ministry of Human Resource Development, Ministry of Women and Child Development, Ministry of Housing and Urban Affairs, MoHFW	Resource allocations to existing schemes that promote physical activity and healthy life interventions
			✓	✓	✓	✓	✓		
	Frame guidelines to promote Physical Activity (PA) among Indian adults and children (guidelines will provide menu of options for PA, recommended amount and means of PA for all ages, provision of PA among disadvantages and marginalized community, provision of providing brief advice on physical activity by trained worker, mechanism for coherence between different PA programmes of different sectors, provision of providing access to safe environment for PA etc.)							Ministry of Youth Affairs & Sports, Ministry of Human Resource Development (School Education and Literacy), MoHFW	Resource allocations to existing schemes that promote physical activity and healthy life interventions
	Leverage existing policy/ action plan/schemes to increase access to safe fuels for cooking such as Ujjivala Yojna, Pahal, National Biofuel Policy,2015		✓	✓	✓	✓	✓	Ministry of New & Renewable Energy, Ministry of Petroleum & Natural Gas, Ministry of Environment Forests and Climate Change, Ministry of Commerce and Industry, Ministry of Tribal Affairs	Sales statistics of improved cooking stoves
									Coverage of Ujjivala Yojana and City Gas Distribution Network

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/ Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
	Implement measures to control and mitigate indoor and ambient air pollution such as leveraging Graded Response Action Plan on air pollutions etc.	✓	✓	✓	✓	✓	✓	Ministry of Environment, Forests and Climate Change, Ministry of Law and Justice (Legal Affairs), Ministry of Petroleum & Natural Gas, Ministry of New & Renewable Energy, Ministry of Rural Development	COTPA amended to make it compliant with WHO-FCTC Number of districts implementing National Tobacco Control Programme
	Accelerate full implementation of COTPA and amend COTPA (in line with WHO- FCTC)	✓	✓	✓	✓	✓	✓	DoHFW, Ministry of Home Affairs, Ministry of Commerce and Industry, Ministry of Law and Justice (Legal Affairs)	
	Provide alternative livelihoods for tobacco farmers and workers (schemes such as MGNREGA, NRML etc)	✓	✓	✓	✓	✓	✓	Ministry of Rural Development, Ministry of Labour and Employment, Ministry of Agriculture and Farmers Welfare, MoHFW	Number of tobacco farmers opted for alternative economical viable crops
	Promote healthy food that is low in saturated fats, sugar and salt in trains & at Railway Stations	✓	✓	✓	✓	✓	✓	Ministry of Railways	Number of trainings conducted for vendors and railway catering managers for delivering safe and healthy food options
	Informed mass media campaigns to raise awareness on all aspects related to NCDs especially focusing on risk factor prevention undertaken	✓	✓	✓	✓	✓	✓	Ministry of Information and Broadcasting, MoHFW	Number of media channels/newspaper providing free space for NCD related health promoting messages
	Advocacy with media & entertainment industry to allocate free airtime/ free print space for health promotion particularly for NCD risk factors	✓	✓	✓	✓	✓	✓	HP Mechanisms, State Agencies	Proportion of NCD awareness campaigns in print media and electronic media out of total health related campaigns funded by Union and State Governments
	Design and share mass media tools/prototypes and packages targeting different risk factors in different languages with States/UTs	✓	✓	✓					
	Support implementation of sustained population level mass campaigns	✓	✓	✓	✓	✓	✓	HP Mechanisms, MoHFW, State Agencies, NGOs, Municipal Corporations/ Village Health and Sanitation Committee/NGOs	Percent of Union and State health budget allocated for health promotion activities

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/ Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
	Integrated health promotion guidelines in National Curriculum Framework Development of curriculum for schools including health promotion education	✓	✓	✓	✓	✓	✓	Ministry of Human Resource Development, NCERT/SCERT/CBSE, MoHFW (NIHFW), State Education Boards, Community Based Organisations	Inclusion of health promoting guidelines in National Curriculum Framework
	Framing of comprehensive guidelines for health promotion at workplaces under National Policy on Safety, Health and Environment at Work Place Conduct health promoting workshops at different settings (schools, workplace, hospitals)	✓	✓	✓	✓	✓	✓	Ministry of Labour and Employment, Ministry of Micro, Small and Medium Enterprises, Ministry of Human Resource Development Industrial/Business Associations or Bodies	Availability of comprehensive health promoting guidelines under National Policy on Safety, Health and Environment at Work Place
	Frame health promoting guidelines for cities / villages in project of GoI such as 'Smart Cities Mission' and Atal Mission for Rejuvenation and Urban Transformation (AMRUT); Inclusion of indicator on availability of health promoting facilities in the monitoring score card of AMRUT and Smart Cities Mission	✓	✓	✓	✓	✓	✓	Ministry of Housing and Urban Affairs, Municipal Corporations, Ministry of Rural Development, Ministry of Panchayati Raj	Number of healthy lifestyle workshops supported by Union and State Governments at different settings (schools, workplace, hospitals)
	Develop structure/framework for implementation of health promotion guidelines in hospitals and Accreditation of hospital based on compliance with guidelines	✓	✓	✓	✓	✓	✓	National Health Mission, State Health Societies, Indian Medical Associations and State Medical Associations	Proportion of 'Smart City Advisory Forum meetings' with Health promoting agenda
	Provisioning routine medical insurance schemes to cover cost of outpatient care and drugs in addition to inpatient costs	✓	✓	✓	✓	✓	✓	Ministry of Finance (Department of Financial Services), IRDA, Insurance companies, NHM, Dte. GHS,	Availability of Insurance scheme framework to provide coverage for outpatient care
	Expand social health Insurance schemes Under Ayushman Bharat and other government sponsored schemes to cover NCDs among Below Poverty Line (BPL) populations Explore possibility of schemes for implementing risk pooling/ protection mechanism to ensure protection from out of pocket expenditure	✓	✓	✓	✓	✓	✓	MoHFW, State Governments	NCD services covered under Health Protection Schemes
	Draft and implement Public Private Partnership (PPP) guidelines for comprehensive NCD service provision	✓	✓	✓	✓	✓	✓	NITI Aayog, MoHFW (NHM), Dte.GHS, State Governments	Availability of PPP guidelines for NCD services

*Ministries /Departments leading the process/activities are highlighted in bold text

STRATEGIC AREA 3 : HEALTH SYSTEMS STRENGTHENING

KEY OUTCOME: Ensuring NCD related health services under Universal Health Coverage

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Preparedness of health system for provision of NCD services assessed	Conduct needs assessment for NCD services at different levels of health care	✓		✓		✓		Dte.GHS through an identified agency	Need of NCD services at different levels of health care documented
	Conduct a health facility audit for preparedness of delivery of required NCD services	✓		✓		✓		Dte.GHS through an identified agency	Report on preparedness of health facility services available
	Appropriate strategies for recruitment and retention of NCD health care work force	✓	✓	✓	✓	✓	✓	State Governments, Dte.GHS, MoHFW	Availability of workforce in place vis a vis requirement
	Identify/Revise eligibility requirements for all levels of health workforce based on their roles and responsibilities	✓	✓					MoHFW	Workforce requirements for NCDs defined
Capacity of human resources to provide NCD related services strengthened	Review and revise guidelines of all cadres of health workforce to address NCDs effectively	✓				✓		Dte.GHS through an identified committee/ Institution (NIHFW)	Revised guidelines for all cadre of workers issued
	Setting up of training mechanism including creating a pool of institutions/trainers in public and private sector and conduct training of existing workforce		✓	✓	✓	✓	✓	Dte.GHS through an identified committee/ Institution (NIHFW)	Percentage of health care staff trained for NCDs prevention and management
	Implementation of NCD strategies mentioned in National Health Policy, 2017	✓	✓	✓	✓	✓	✓	Dte.GHS, MoHFW (NHM)	Percentage of districts implementing revised Standard Management Guidelines for NCDs
	Develop/ Revise Standard Management Guidelines (SMGs) for major NCDs for different levels of health care	✓	✓					Technical Working Groups of Dte.GHS	
	Include essential NCD medicines in National List of Essential Medicine for each level of health care	✓	✓					Dte.GHS, NHM	

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/ Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Delivery of a comprehensive package of services at different levels of health care ensured	Devise mechanism for improving the availability and accessibility of promotive, preventive, diagnostic, curative, rehabilitative & palliative NCD services at different level of health care	✓	✓	✓	✓	✓	✓	Dte.GHS, NHM	Percentage of registered NCD patient treated and followed-up for management
	Mainstream AYUSH providers into health system with focus on prevention, control and management of NCDs								Percentage of districts providing AYUSH services for management of NCDs
	Integrate mHealth, e Health and telemedicine linkages for service delivery	✓	✓	✓	✓	✓	✓	Dte.GHS, Ministry of AYUSH	
								MoHFW (NHM), Dte.GHS, Ministry of Electronics and Information Technology, UNCT	Percentage of registered patients covered under mHealth initiatives
	Develop patient self-care guidelines and mechanisms for patient education and support	✓	✓					Dte.GHS, Patient support groups	
	Leverage existing services such as counselling, laboratory facilities available under different National Health Programmes	✓	✓	✓	✓	✓	✓	Dte.GHS, NHM	
	Implement Electronic Medical Record (EMR) for sharing of patient data among health care providers	✓	✓	✓	✓	✓	✓	Dte.GHS, State NCD Division	
	Improved access to essential, effective and good quality medicines and technology related to NCDs	✓	✓	✓	✓	✓	✓	Dte.GHS, Ministry of Commerce and Industry, Ministry of Finance, Ministry of Chemical and Fertilizer	

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Model for involvement of private sector providers and NGOs in provision of NCD services developed and implemented	Map and leverage potential NGOs and Private Care Providers (PCPs) at different levels to provide continuum of care for NCDs	✓	✓	✓				Dte.GHS, State and District NCD Cell, HP Mechanisms	Number of NGOs/PCPs leveraged under Government Schemes for providing health services
	Develop guidelines/ schemes for involvement of NGOs and private sector for NCDs related health service	✓	✓					Dte.GHS, NGOs, Professional Associations, HP Mechanisms	Number of workshops conducted independently or in associations with other stakeholders to build the capacity of NGOs for NCD prevention and control activities
	Build capacity of NGOs and PCPs in provision of key NCD services	✓	✓	✓	✓	✓		Dte.GHS, academic partners, HP Mechanisms	
	Scale up the involvement of NGOs and private sector for NCDs management	✓	✓	✓	✓	✓		MoHFW, State and District NCD Cell, Die.GHS, HP Mechanisms	Number of States with budgetary allocations to leverage NGOs/PCP
	Scaling up NCD flexi pool budget allocation for strengthening of services mentioned under NPCDCS	✓	✓	✓	✓	✓		MoHFW (NHM), Ministry of Finance	Percent of flexi pool budget allocated for strengthening NCD services
	Create a Flexi-pool/ untied funds for financing/ purchase of specific NCD related services for urban areas and marginalized populations	✓	✓	✓	✓	✓	✓	MOHFW (NHM)	Percent of allocated flexi pool budget utilized by States

*Ministries /Departments leading the process/activities are highlighted in bold text

STRATEGIC AREA 4 : SURVEILLANCE, MONITORING, EVALUATION AND RESEARCH

KEY OUTCOMES: Information on time trends of key indicators in the National Monitoring Framework regularly produced

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Mechanisms established for Monitoring & Evaluation (M&E) of NMAP activities and database maintained for NCDs at National Level	Set-up a National Steering Committee for Monitoring, Surveillance and Evaluation for activities outlined in NMAP	✓	✓					MoHFW	Notification of a National Steering Committee on M&E;
	Set-up a data management system to compile, analyze and report/disseminate information on action taken by different sectors	✓	✓					MoHFW, ICMR, MoAYUSH	Number of Steering Committee (M&E) meetings held; Percent of States participated in NCD Capacity Survey to provide information on functionality of NMAP
	Establish quality assurance structures and mechanisms for monitoring and evaluating strategies of NMAP at national and subnational levels	✓	✓	✓				MoHFW, ICMR	
Effective integrated programme management information system leveraging existing HMIS for NPCDCS developed and implemented	Analyze existing HMIS to identify linkage modalities with NCDs services; Under NPCDCS, develop standard protocols for collection, analysis and reporting of data for different NCDs services at all levels	✓	✓	✓				State NCD Cells, MoHFW (NHM), Dte.GHS	Availability of an online reporting system
	Analyze existing HMIS to identify linkage modalities with NCDs services; Under NPCDCS, develop standard protocols for collection, analysis and reporting of data for different NCDs services at all levels	✓	✓	✓	✓	✓	✓	State NCD Cells, MoHFW (NHM), Dte.GHS	Availability of an online reporting system
	Enable linkage of individual patients across the health system through usage of unique identifiers and IT	✓	✓	✓	✓	✓	✓	Dte.GHS, ICMR, MoHFW (NHM)	Percent of registered patient tracked through IT systems

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)						Partners/Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22		
Robust surveillance mechanisms established for measurement of burden due to NCDs and their risk factors	Set-up a National Technical Advisory Group (NTAG) for national NCD surveillance activities, NCD Burden Assessment, and to harmonize data collection across different surveys/ data sources the country	✓	✓	✓	✓	✓	✓	ICMR, MoHFW	Number of functional registries for NCDs surveillance
	Set-up a National Technical Advisory Group (NTAG) for national NCD surveillance activities, NCD Burden Assessment, and to harmonize data collection across different surveys/ data sources the country	✓	✓					ICMR	
Periodic surveys conducted to monitor the trend of indicators as identified under the National Monitoring Framework (NMF) for prevention and control of NCDs	Develop and disseminate standardized survey methodology and tools for collecting information on National Monitoring Framework (NMF) with States/UTs	✓	✓	✓	✓	✓	✓	ICMR	Number of functional registries for NCDs surveillance
	Establish a central pool of resources (human resources, IT tools and training manuals) for facilitating NMF surveys at sub-national level	✓	✓	✓	✓	✓	✓	Department of Health Research (DHR)/ ICMR/identified Agency	
	Conduct periodic national level surveys to monitor the targets and indicators outlined in NMG;	✓				✓		DHR/ICMR/identified Agency	Availability of periodic data on health systems performance indicators
	Take measures to integrated indicators of National NCD Monitoring Framework in other National Health Surveys								
	Conduct periodic National NCD Health Facility Survey or integrate health systems performance indicators in existing health facility surveys	✓				✓		DHR/ICMR/identified Agency	
	Conduct periodic School Based Health Surveys to collect information on prevalence of adolescent NCD factors such as Global Youth Tobacco Survey, Global School Health Survey	✓				✓		DHR/ICMR/identified Agency	Periodic data on adolescent related NCD indicators (through Global Youth Tobacco Survey, Global School Health Survey)

*Ministries /Departments leading the process/activities are highlighted in bold text

Outputs	Process/Activities	Year (2017-2022)					Partners/ Agencies/ Stakeholders*	Indicators
		17	18	19	20	21	22	
Research priorities for NCDs identified and studies conducted	Establish a Technical Expert Group to review and Identify national research priorities in NCDs	✓	✓					DHR/ICMR
	Institutionalize long-term research in identified medical colleges and academic institutions	✓	✓	✓	✓	✓	✓	DHR/ICMR
	Allocate sufficient funds within programmes for NCD related research	✓	✓	✓	✓	✓	✓	MoHFW/DHR/ICMR
	Conduct research studies to estimate direct and indirect economic and other impacts due to NCDs	✓	✓	✓	✓	✓	✓	DHR/ICMR
	Conduct and publish operational and policy research as relevant to NPCDCS and other national NCD programme needs	✓	✓	✓	✓	✓	✓	DHR/ICMR
	Conduct and publish operational and policy research as relevant to NPCDCS and other national NCD programme needs	✓						MoHFW/ICMR
	Mechanisms for effective monitoring and evaluation of health promoting activities established							Health Promotion Monitoring framework in place
	Monitoring the implementation of health promoting policies /programme/schemes of sectors	✓	✓	✓	✓	✓	✓	Monitoring of indicators through different mechanisms
	Evaluate the impact of mass media campaigns	✓	✓	✓	✓	✓	✓	MoHFW/ICMR

*Ministries /Departments leading the process/activities are highlighted in bold text

4. Opportunities and Challenges

Opportunities:

1. Inclusion of NPCDCS, NTCP and other NCD programmes into the National Health Mission provides an opportunity for harmonizing efforts and better utilization of resources.
2. The recent experiences in HIV/AIDS control and more recently with tobacco control have exemplified the need for a multisectoral approach.
3. Global advocacies and commitments are now increasingly focusing on NCDs and most of the countries including India are signatories to them.
4. Successful schemes have been implemented for the involvement of private sector in tuberculosis and maternal health with variable degrees of success. However, NCDs with the need for lifelong treatment pose a more serious challenge towards it.
5. Government of India is committed to Universal Health Care which includes the package of NCDs in its ambit.
6. National Health Policy, 2017 has included strategies for prevention and control of NCDs in a more effective way.
7. There is a growing international momentum to address the issue related to risk factors concerning food and alcohol industry with focus on self-regulation and legislative measures.
8. WHO FCTC has a mandate and provides a platform for multisectoral actions for tobacco control.

Challenges:

1. While there has been an increasing recognition of NCDs as a public health problem, it is still perceived predominantly as a health issue to be addressed by the health ministry.
2. Horizontal integration of vertical programmes for effective utilization of the limited resources is a challenge and opportunity both.
3. The agenda for health to an extent is driven by maternal and child health priorities and infectious diseases with resources being allocated to them which contests with the renewed resource requirements for NCDs
4. Currently, a major proportion of health care is being provided by the private sector. Regulatory and administrative guidelines are needed to create a conducive environment for public-private partnership in an effective way.
5. Deficiencies in the health system includes requirement of more funding of health services in public sector to improve quality and audit / accountability of the systems.
6. The change in lifestyle is driven by unchallenged aggressive marketing strategies of unhealthy foods and beverages and alcohol industry.

References

1. India: Health of Nation's States- The India State level Disease Burden Initiative; ICMR; 2017
2. National Cancer Registry Program; National Center for Disease Informatics, ICMR; 2016
3. ICMR-INDIAB population-based study; Phase 1 & 2; ICMR; 2017
4. Technical Paper on Diabetes in India; World Health Day 2016; WHO Country Office for India; 2016
5. District Level Household Survey -4, Ministry of Health and Family Welfare; 2012-13
6. Annual Health Survey 2012-2013; Office of the Registrar General, India, on behalf of the Ministry of Health & Family Welfare, Government of India; 2012-13
7. Global Adult Tobacco Survey-2, Ministry of Health and Family Welfare, Government of India; 2016-17
8. Economics of Non-Communicable Diseases in India: The Costs and Returns on Investment of Interventions to Promote Healthy Living and Prevent, Treat, and Manage NCDs. World Economic Forum; Harvard School of Public Health; 2014.
9. The Economic Implication of Noncommunicable Diseases for India; World Bank; 2010
10. Discussion paper addressing the Social Determinants of Noncommunicable Diseases; UNDP; 2013
11. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report, WHO; 2008
12. Action plan for the Prevention and Control of Noncommunicable Diseases in South-East Asia, 2013-2020; WHO-SEARO; 2013
13. Global Action Plan for Prevention and Control of Noncommunicable Diseases; WHO; 2013
14. Resolution 66/2; Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non Communicable Diseases; United Nations; 2011
15. Resolution A/RES/68/300; Outcome document of the High-level meeting of the UN General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of Non Communicable Diseases; United Nations; 2014

16. Annual report 2016-17; Department of Health and Family Welfare, Ministry of Health and Family Welfare, Government of India
17. The role of Intersectoral Action in Implementing the WHO Framework Convention for Tobacco Control in India; WHO; 2013
18. India: first to adapt the Global Monitoring Framework on noncommunicable diseases (NCDs); WHO Media centre - <https://www.who.int/features/2015/ncd-india/en/>

Annex 1

Timeframe for Implementation

Time Frame	Integrated Multisectoral coordination	Health Promotion	Health Systems Strengthening	Surveillance, Monitoring, Evaluation and Research
2017-18 2018-19	Establish mechanisms for inter-ministerial collaboration	Set up Health Promotion Mechanism with involvement of other stakeholders	Conduct needs assessment of NCD services at different level of health care	Set-up a National Steering Committee for Monitoring, Surveillance and Evaluation for activities outlined in NMAP
	Establishment and operationalisation of Central NCO Division (CND) in MoHFW to coordinate the inter-ministerial activities	Under GST, raise taxes on all types of tobacco products, Sugar Sweetened Beverages, HFSS food and alcoholic beverages to reduce consumptions	Appropriate strategies for recruitment and retention of NCD health care workforce	Under NPCDCS, develop standard protocols for collection, analysis and reporting of data for different NCDs services at all levels
	Set-up inter-ministerial Committee on NCDs under chairmanship of Secretary (Health and Family Welfare)	Accelerate full implementation of COTPA and amend COTPA (in line with (WHO-FCTC)	Scaling up NCD flexi pool budgetary allocation for strengthening NCD services mentioned under NPCDCS	Develop and disseminate standardized survey methodology and tools for collecting information on National Monitoring Framework (NMF) with States/UTs
	Conduct orientation sessions on NCDs for elected representatives at Union and States level Strengthen NCD Unit at centre and States/UTs with recruitment of various experts	Develop a National Alcohol Policy through multi-stakeholder consultative process	Include essential NCD medicine in National List of Essential Medicine for each level for health care	Establish a Technical Expert Group to review and Identify national research priorities in NCDs
	Include NCD related activities in the United Nations Sustainable Developmental Framework (UNSDF)	Implementation of interpretative front of pack labelling and detailed nutrient labelling at the back of pack	Mainstream AYUSH providers into health systems with focus on prevention, control and management of NCDs	Monitoring framework developed for health promotion activities

	Bring NCDs related issues on the agenda of meetings of Central Council of Health & Family Welfare Meetings, Mission Steering Group meetings	Implement health promotion guidelines in National Curriculum Framework	Develop/ Revise Standard Management Guidelines (SMGs) for major NCDs for different levels of health care	
2017-18 2018-19		Leverage the implementation of policies/ programmes/ schemes of education, sports, urban development, women and child development sectors to promote physical activity and other healthy lifestyle interventions	Implementation of NCD strategies mentioned in National Health Policy, 2017	
2019-22	<p>Set-up of Standing Committee of secretaries under the chairmanship of Chief Secretary to devise multisectoral actions at State level</p> <p>Liaison and coordination of multisectoral activities with stakeholders / partners at district level</p> <p>Periodic consultations with all relevant stakeholders</p> <p>Hold meetings periodically to harmonize the work of UNCT and other development partners</p>	<p>Regulate advertisement of demerit goods through amendment of advertisement code of Cable Television Networks Rules& Norms of Journalist Conduct; and Trademark Rules</p> <p>Leverage existing schemes of agriculture and food processing sectors for reducing wastage of fruits and vegetables</p> <p>Limiting facilities for demerit goods producing industries in Industrial Corridors, Special Economic Zones</p> <p>Implement strategies to regulate trade of demerit goods under Foreign Trade Policy,2015-2020 and other Bilateral/Multilateral International Trade Agreements</p>	<p>Setting up of training mechanism including creating a pool of institutions/trainers in public and private sector and conduct training of existing workforce</p> <p>Devise mechanism for improving the availability and accessibility of promotive, preventive, diagnostic, curative, rehabilitative & palliative NCD services at different level of health care</p> <p>Leverage existing services such as counselling, laboratory facilities available under different National Health Programmes</p> <p>Implement Electronic Medical Record (EMR) for sharing of patient data among health care providers</p>	<p>Establish quality assurance structures and mechanisms for monitoring and evaluating strategies of NMAP at national and subnational levels</p> <p>Enable linkage of individual patients across the health system through usage of unique identifiers and IT</p> <p>Conduct periodic national level surveys to monitor the targets and indicators outlined in NMG</p> <p>Conduct and publish operational and policy research as relevant to NPCDCS and other national NCD programme needs</p>

		<p>Formulate Urban Transport action plan to promote non-motorized transport based on National Urban Transport Policy, 2014</p> <p>Implement measures to control and mitigate indoor and ambient air pollution such as leveraging Graded Response Action Plan on air pollutions etc.</p> <p>Advocacy with media & entertainment industry to allocate free airtime/ free print space for health promotion particularly for NCD risk factors</p>	<p>Develop guidelines/ schemes for involvement of NGOs and private sector for NCDs related health service</p> <p>Expand social health insurance schemes and other government sponsored schemes to cover NCDs among Below Poverty Line (BPL) populations</p>	<p>Monitoring the implementation of health promoting policies /programme/schemes of sectors</p> <p>Establish quality assurance structures and mechanisms for monitoring and evaluating strategies of NMAP at national and subnational levels</p>
2019-22				

Details of Implementation Mechanisms

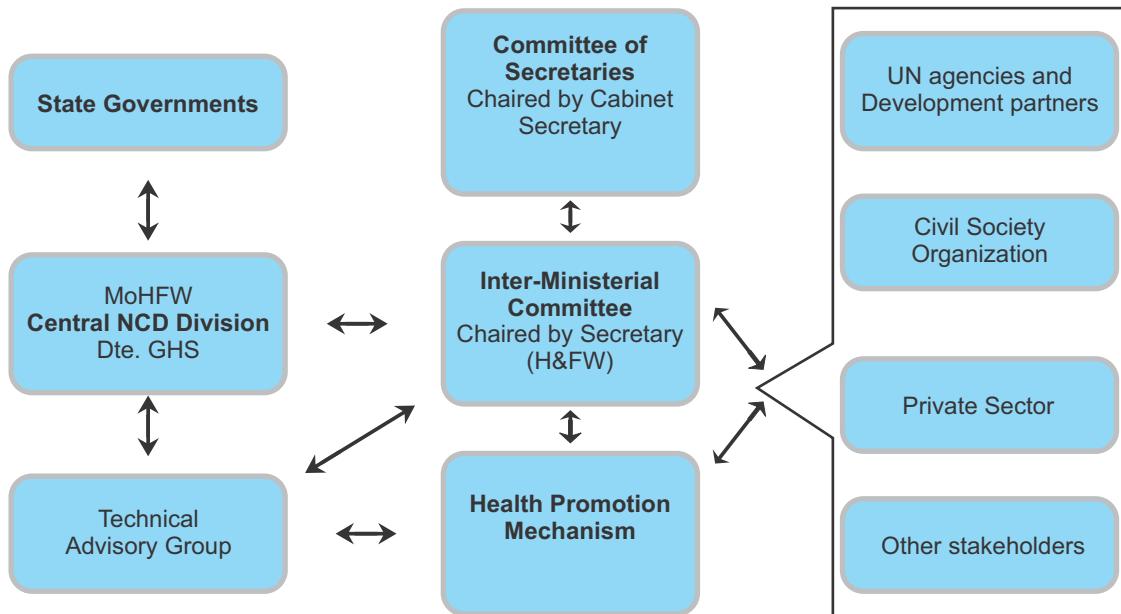


Figure: Schematic implementation Mechanisms for National Multisectoral Action Plan

A. Committee of Secretaries (CoS)

A 'Whole-of-Government' and 'Health-in-All-Policies' approach is considered to be the key to address the cross cutting issues that do not fall within the purview /domain of the Ministry of Health and Family Welfare. To illustrate a few like,

- Taxation policy on tobacco, alcohol, sweetened aerated beverages, foods containing high saturated and trans-fats.
- Foreign Direct Investment policies related to alcohol, processed foods, drugs and technologies, technologies for reduction of environment pollution
- Legislative measures to reduce the consumption of tobacco, alcohol and to control environmental pollution
- Agriculture, Industry, Transport and Urban development policies to enhance availability of fruits and vegetables, providing infrastructure for active transport and protect environment
- Real, perceived or potential conflicts of interest due to policy decision of other ministries such as Tobacco Promotion Board.

Prevention and control interventions for NCDs are multisectoral in nature. There is always possibility of conflict or paucity of agreement on certain actions on interventions among different stakeholders, such issues shall be brought to Committee of Secretaries for resolution. The NMAP envisages for creating an enabling mechanism for forging a collaborative multisectoral response at national level and secure budgetary allocation for implementing multisectoral action. Such mechanism can also discuss NCD related issue and guide different department/ministries in reviewing policies, legislation and programme.

B. Interministerial Committee (IMC) for prevention and control of NCDs

An Interministerial Committee for prevention and control of NCDs will be set up under the chairpersonship of Secretary, Health and Family Welfare. Concerned ministries/departments at Union Government will identify and appoint a nodal officer (Joint Secretary level) who will be responsible to synergise and harmonize the activities envisaged in the National Multisectoral Action Plan. IMC can call for representations of other Union Government Ministries/Departments, State Governments, Civil Society Organizations, Academia, Private Sector, UN agencies inter alia in the meetings for discussions. The IMC will synergise Technical Advisory Groups and Central NCD Division to identify suitable mechanisms for implementing the actions required for the prevention and control of NCDs. The IMC will also deliberate upon the recommendations for setting up mechanisms for Health Promotion for their effective involvement on the actions agreed by relevant stakeholders.

IMC may decide upon issue to be brought in Committee for Secretaries for resolution. The IMC will meet frequently to discuss the implementation of intersectoral policies and programmes.

Interministerial Committee (IMC) will facilitate implementation of actions required for prevention and control of NCDs and the key functions include inter alia:

- Assess the national capacity for prevention and control of NCDs
- Identify key action areas for implementing National Multisectoral Action Plan and prepare guidance note for the Committee of Secretaries (CoS)
- Discuss the progress made on the activities planned by the CoS and fill gaps for its effective implementation.
- Discuss sustainable and accountable mechanisms to audit/ review the policies and programmes that have positive and negative impact on health
- Review and guide Technical Advisory Group and Central NCD Division for effective implementation of actions required.
- Review and follow -up on the progress for implementation of the agreed action plan at the national and subnational levels.

UN Country Team (UNCT) is proposed to work closely with different line ministries and their interaction/ relationship with line ministers can be utilized to coordinate, collaborate and implement the actions required for the prevention and control of NCDs. UNCT with their specialized technical expertise will not only support in synergistic and harmonized response based on the recommendations of Committee of Secretaries and Interministerial Committee but also can work towards identifying fiscal and material resources.

Central NCD Division will work closely with the UNCT team to ensure the implementation of identified actions for the NCD prevention and control.

C. Technical Advisory Groups (TAGs)

The purpose of constituting Technical Advisory Groups (TAGs) for different thematic areas is to provide support to other mechanisms such as Interministerial Committee (IMC) etc. for the effective implementation of agreed upon actions for prevention and control of NCDs. There can work specially with implementing and policy framing mechanisms and on the thematic areas as decided by the CoS, IMC and CND. The members of the group may include technical focal points of concerned line ministries, representatives from State Governments, and other stakeholders including academia and research institutes. The TAGs will be constituted and chaired appropriately.

The key functions envisaged for the TAGs are to:

- Identify and recommend strategies and practices to CoS, IMC based on latest scientific evidence and/or best practice, cost-effectiveness, affordability and public health principles.
- Suggest various mechanisms, identify resources and knowledge gaps to execute the actions for prevention and control of NCDs in the country.
- Provide technical assistance for mainstreaming NCDs in relevant sectors at national and sub national levels.
- Facilitate the development of the multisectoral, casted action plan for different thematic area.
- Support stakeholder ministries in assessing resources for implementing their commitments.

D. Mechanism for Health Promotion

It is envisaged to set-up or to leverage mechanism for health promotion as envisaged in National Health Policy, 2017 which will work for health promotion. Such Health Promotion (HP) mechanisms can include representation of civil society organizations, private sector, international partners, state governments/union territories and other stakeholders.

This mechanism can create specific opportunities for civil society organization and private sector to provide inputs for developing the NCO agenda and partnering in follow up actions. Separate modalities of engagement will be developed for civil society and private sector entities with potential conflict of interest. Such HP mechanisms will interact with all relevant stakeholders in the most transparent manner possible and to the extent needed for public welfare.

The United Nations Country Team (UNCT) can be represented in the Health Promotion mechanisms. All concerned UN agencies will provide appropriate technical expertise for the effective implementations of actions envisaged under such mechanisms. UN Resident Coordinator or representative is proposed to coordinate the support required

for the NCD related activities mentioned in the proposed to United Nations Sustainable Development Framework (UNSDF).

Such mechanisms will work mainly in the critical areas of health promotion related to NCDs including:

- Creating supportive environment-
 - Develop and maintain a website/ portal as a resource hub for providing health promotion information.
 - Prepare briefs/factsheets, organize stakeholder consultations, disseminate research evidence through media/conferences.
 - Frame standardized IEC, training and counselling packages, integrated curriculum and guidelines for health promotion in educational institutions and workplaces.
 - Develop and disseminate culturally and geographically relevant and targeted media campaigns using multiple media channels (radio; TV channels; social media such as Facebook/twitter, websites, billboards, mHealth, eHealth etc.) targeting risk factors of NCD.
- Support in developing healthy public policies, guidelines and actions-
 - Assist in developing multisectoral actions to provide supportive environment for promoting behavior change at individual and population level.
 - Facilitate development of legislation such as National Alcohol control legislation through multi stakeholder consultative process.
 - Assist in accelerated implementation of COTPA (in line with WHO FCTC and Food Safety and Standards Authority of India provisions) and strengthen reporting mechanisms to track policies.
 - Develop guidelines, recommendations on policy measures in respect to food producers, food processors and other business operators on food content, labelling and marketing etc.
 - Assist in framing policy measures to regulate advertising, marketing and promotion of unhealthy food to children.
- Strengthening community actions-
 - Develop 'demonstration sites' with support of stakeholders to exhibit the mechanism for implementing cost-effective interventions for NCDs.
 - Promote capacity-building of relevant stakeholders at the national and subnational levels, in order to harness their full potential as partners in the prevention and control of noncommunicable diseases.
 - Engage voluntary groups for paid/unpaid health awareness activities (e.g. street plays, puppetry, drama, painting competitions, other IEC activities).
 - Raise public and political awareness by disseminating evidence on NCD risk factors, the relationship between NCDs and social determinants.
 - Develop measures to adopt healthy settings approach in educational institutions, workplace.

- Developing personnel skills- implement health promoting and awareness programme that reach out to the population, specifically children, adults and the elderly.

Such HP mechanisms are supposed to provide enabling environment by establishing framework for promotive and preventive health which are sustainable. HP mechanisms can provide their inputs to Technical Advisory Group and Central NCD Division and can monitor and evaluate the health promoting initiatives with support from Central NCD Division and ICMR.

A range of financing mechanisms such as Corporate Social Responsibility (CSR), funds funding from Consolidated Fund of India, International and other Grants, Loans, Sin Tax on unhealthy products inter alia can be considered for the continued availability of funds for the health promotion.

E. Central NCD Division (CND) / National NCD Cell.

Central NCD Division (CND) at headquarter can recruit experts on various thematic areas such as environment, policies, legislation, finance/ revenue, consumer protection, industrial coordination, nutrition, information technology, media communication inter alia. These experts can coordinate with the concerned ministries for various multisectoral actions.

- Collate and analyse existing public policies, programmes and legislations related to NCD risk factors (globally and sub-nationally).
- Sensitise key stakeholder ministries on NCD concerns.
- Develop a repository of all research evidence, ongoing programmes, interventions related to NCDs in the country.
- Organise meetings of the multisectoral coordination mechanisms for NCDs.
- Support Health Promotion Mechanisms, Technical Advisory Groups and Interministerial Task Force in their respective areas.
- To take reports on progress of work from stakeholder ministries and subnational coordination bodies.
- Arrange technical assistance to line ministries such as health impact assessments of policies and capacity assessments of sectors.
- Identify knowledge gaps and advance research priorities to inform policy decisions.
- Support stakeholder ministries in accessing resources for implementing their commitments.
- Facilitate bilateral/ multilateral meetings to advance work on thematic issues and agreed goals.
- Prepare consolidated reports on the implementation of the multisectoral action plan for NCDs.

It will be working with MoHFW and Dte. GHS.

Role of Key Ministries

Each Ministry shall:

- Identify Nodal Officer/s of the rank of Joint Secretary in the relevant department/s to synergise and harmonize interministerial policies and actions.
- Prepare an Action Plan based on the guidance of Committee of Secretaries (CoS) and Interministerial Committee for NCD prevention and control.

Potential role of ministries in implementation of the National Multisectoral Action Plan on NCDs:

Serial No.	Name of the Ministry/Department	Policy options*
1.	Department of Revenue Ministry of Finance	<ul style="list-style-type: none"> Under Goods & Services Tax – all tobacco products, food High in Fats, Salt and Sugar (HFSS) including Sugar Sweetened Beverages (SSBs) to be kept in the highest slab (of 28% at present) High cess be imposed on all tobacco products, HFSS, SSB (the cess can be indexed to inflation and affordability) Advocacy with the State Revenue Departments to progressively increase the taxes on Alcohol products to make these progressively unaffordable Work towards the objective of achieving the goal of cheaper sports goods and physical activity equipment by the way of tax exemption or reduction or other appropriate measures
2.	Department of School Education and Literacy Ministry of Human Resource Development	<ul style="list-style-type: none"> NCERT to include content on health lifestyle in ‘National Curriculum Framework (NCF), 2005’ and operationalize it through CBSE, State Education Boards & Digital India e-learning schemes Implement and put in place monitoring mechanism to monitor actions as per circular to prohibit sale of unhealthy food in educational institutions and to promote healthy food options in canteen/school kitchen. (Circular No. Acad-02/2016 dated 06 Jan 2016) of Department of School Education and Literacy Devise and implement policies to promote physical activity in educational institutions Implement ‘Tobacco Free School’ guidelines developed by MoHFW Provide low salt and low saturated fat diet in Mid-Day Meal programme Display of health promoting messages in educational institutions
3.	NITI Aayog	<ul style="list-style-type: none"> Prioritize NCDs in strategic planning agenda of other Departments/Ministries (Health in All Policies) Encourage partnerships among key stakeholders including State Governments to implement multisectoral actions to achieve the NCD targets under SDGs Advise public private partnership models to improve access to NCD care
4.	Ministry of Information and Broadcasting	<ul style="list-style-type: none"> Amendment of regulation related to alcohol and tobacco advertisement under Programme Advertising Code under Cable Television Network Rules, 1994 and Norms of Journalist Conduct, 2010 (formed under Press Council Act, 1978) to prohibit all forms of advertisement (direct and indirect) including brand sharing and brand stretching Amendment of Programme Advertisement Code under Code of Cable Television Networks Rules, 1994 and Norms of Journalist Conduct, 2010 to include regulation of advertisement of High in Fats, Salt, Sugar (HFSS) food and Sugar Sweetened Beverages for reducing exposure to children

*Important policy options/actions have been prioritized and are highlighted in bold text

		<ul style="list-style-type: none"> • Advocacy with media and entertainment industry to allocate free airtime and space for health promotion particularly for NCD risk factors (may be part of Corporate Social Responsibility or through Prasar Bharti (Broadcasting Corporation of India) Act, 1990 under section 12 sub-section 2© which deals with the fields to which the Corporation is required to pay special attention as well as sub section 7 which gives the Corporation power to levy fees or charges on advertisements and programmes • Advocacy and stakeholding with the Advertising Standards Council of India for restricting exposure of tobacco, alcohol and HFSS food specially to vulnerable groups • Enforcement of tobacco free films and television policies under COTPA,2003 • Create legal framework to regulate advertisement of High in Fats, Salt and Sugar (HFSS) food and Sugar Sweetened Beverages for reducing exposure to children • Allocate adequate funds for health promotion activities/events by various media units to create mass awareness
5.	Department of Commerce Ministry of Commerce and Industry	<ul style="list-style-type: none"> • Revise the mandate of Tobacco Board to include support and promotion of alternative crops of tobacco via Tobacco Board Act, 1975 (promotional benefits for Tobacco products/ crops may be phased out and benefits can be extended to promote economically viable alternative crops) • Limit facilities and incentives to alcoholic and ultra-processed food industry in Special Economic Zones (SEZ) such as those under The Special Economic Zones Act, 2005), including Chapter V which deals with a single window clearance system for fast track setting up and expansion of a company within the SEZ and Chapter VI which deals with tax exemptions across Customs, Income and Excise among others for industries set-up within SEZs • Implement policies to regulate trade of demerit goods under Bilateral/ Multilateral Trade Agreements with focus on future agreements <ul style="list-style-type: none"> - The Foreign Trade Policy, 2015-2020 may be amended to include alcohol, tobacco and ultra-processed food in the ineligible category for the Merchandise Exports from India Scheme (MEIS) (Chapter 3, section 3.06) - Changes may also be made to the Export Promotion Capital Goods Scheme (EPCG) to restrict exemptions provided for import of capital goods for demerit goods (MEIS, Chapter 5, section 5.01) - Further Duty Exemption and Duty Remission Schemes may also not be provided for producers of demerit goods as well removal of the option of self-declaration for such industries (MEIS, Chapter 4, Section 4.02 and 4.07) • Provision for establishing mandatory health promoting facilities in Special Economic Zones under the The Special Economic Zones Act, 2005, Chapter II, Section 5 can be included
6.	Department of Industry Policy and Promotion Ministry of Commerce and Industry	<ul style="list-style-type: none"> • Restrict use of trademark of demerit goods (tobacco, alcohol) for other products to prevent surrogate advertisement under section 9 (Absolute grounds for refusal registration) of Trademark Act, 1999. Brand stretching and surrogate advertisement of demerit goods is major challenge. The trademarks of demerit goods are used on other goods/items which are not harmful to health. Thereby such trademarks are used to advertise and promote demerit goods in the garb of other goods. Such brand stretching and use of trademark of demerit goods such as tobacco and alcohol to be restricted. For this relevant provision under 'Doha Declaration on the TRIPS Agreement and Public Health' can also be used

*Important policy options/actions have been prioritized and are highlighted in bold text

		<ul style="list-style-type: none"> • Disincentivize industries involved in production of demerit goods under 'National Manufacturing Policy, 2011' Under the section Role of Central Government, exemptions or assistance may not be provided to demerit goods industries. As proposed by Department, National Manufacture Policy, 2011 at present not focuses on demerit good industries. This position is to be continued under National Manufacture Policy. <ul style="list-style-type: none"> - point number 25 refers to mechanisms (Viability Gap Funding, Long term soft loans from multilateral financial institutions and External Commercial Borrowings); - point number 28 of these guidelines provides for exemption from Capital Gains Tax and - point number 34 refers to Government promotion of global and domestic investments in the NIMZ • Implement measures to classify manufacturing and trading of alcoholic beverages in prohibited sectors (Chapter 5 Specific Sector Conditions on FDI, section 5.1) of Consolidated FDI Policy, 2017 & Schedule 1 of Foreign Exchange Management (transfer or Issue of Security by a Person Resident outside India) Regulations, 2000 • Include all sort of trading, technology transfer of tobacco products in the prohibited sectors (Chapter 5 Specific Sector Conditions on FDI, section 5.1) of Consolidated FDI Policy, 2017 • Provision of health promoting facilities in Industrial Corridor, As part of the mandatory components under such schemes, a section on plans to promote healthy lifestyle such as dedicated spaces for parks, health centre, health clubs etc can be included. • Develop a Model State Alcohol Industries (Development and Regulation) Act for potable alcohol (Model Act can provide guidance to States in terms of licensing, registration, revocation, inspection and other regulating norms for manufacturing and distribution of alcoholic beverages)
7.	Department of Agriculture, Cooperation and Farmers Welfare Ministry of Agriculture and Farmers Welfare	<ul style="list-style-type: none"> • Provision for minimum possible insurance premium rates to incentivize horticulture farmers under 'Pradhan Mantri Fasal Bima Yojan' (PMFBY). Currently horticulture attracts insurance premium @ rate of 5% while for kharif and rabi crops it is @ 2% and 1.5 % respectively (Operational Guidelines for PMFBY, Section VII, Point no 1) • Explore possibility to include fruit and vegetables in the 'Minimum Support Price' list of agriculture commodities, may be through provisions at state level • A reduced insurance premium rate and inclusion in the Minimum Support Price list will help in improving profits for horticulture farmers thus incentivizing more farmers to take up horticulture, improving output of fruits and vegetables, ultimately leading to availability of cheaper fruits and vegetables thereby increasing their consumption • Increase number of districts under 'National Horticulture Mission' which is sub scheme of 'Mission for Integrated Development of Horticulture'. At present there are 384 districts covered under this scheme. Scaling up this to include more districts may help in increasing the output of fruits and vegetables and making them affordable • Interest subvention can be provided to horticulture farmers under schemes such as 'Interest Subsidy for Short Term Credit to Farmers' and increase awareness about scheme to farmers

*Important policy options/actions have been prioritized and are highlighted in bold text

		<ul style="list-style-type: none"> Facilitate implementation of ‘Model Agricultural Produce Marketing Act, 2003 & Rules 2007’ in States and UTs to have authorized mandi of fruits and vegetables to make fruits and vegetables affordable and improve availability. Promotion of horticulture in rural haats through GRAM (Gramin Retail Agriculture Market) schemes. Revisit policy incentives and subsidies provided to cultivate crops that have adverse health outcomes (Palm oilseeds etc.) Promote organic farming and reduce the use of pesticides, insecticides and harmful chemicals that are carcinogenic through Integrated Pest Management (IPM) through involvement of national Centre of Organizing Farming
8.	Department of Financial Services Ministry of Finance	<ul style="list-style-type: none"> Discourage investment by insurance companies in industries manufacturing demerit goods such as tobacco, alcohol, HFSS food under section 14 of Insurance Regulatory and Development Authority Act, 1999 and under section 27, 27A, 27B, 27C and 27D of The Insurance Laws (Amendment) Bill, 2015. Department may take necessary steps to increase awareness among insurance companies. Banking sectors to provide differential interest rates for companies producing merit and demerit goods Help to structure insurance schemes to offer financial protection to patients availing both outpatient and inpatient services (perhaps selected OPD visits to public health facility can be insurance covered to start with)
9.	Ministry of Women and Child Development	<ul style="list-style-type: none"> Revision of National Nutrition Policy, 1993 and National Nutrition Action Plan, 1995 to address the new paradigm and to include latest standards on levels of salt/saturated fat, free and added sugar, food which poses risk of chronic diseases Promotion of yoga and other physical activities for children, adolescent girls and women through Anganwadi centres. Create awareness on ill effects of tobacco and alcohol among females, adolescent girls through SABLA programme, ICDS and other similar schemes Promote healthy lifestyle and nutrition awareness programmes through activities planned under Food & Nutrition Board and during National Nutrition Week Adopt and guide stakeholders to implement recommendation of working group on ‘Addressing Consumption of Foods High in Fat, Salt and Sugar (HFSS) and Promotion of Healthy Snacks in Schools of India’
10.	Ministry of Labour and Employment	<ul style="list-style-type: none"> Providing health promoting corners, visible healthy messages, healthy food under domain of ‘National Policy on Safety, Health and Environment at Work Place’ Generate awareness about ill effects of tobacco products and provide alternative livelihood options to beedi rollers under ‘The Beedi Workers Welfare Fund Act, 1976 (Section 4 of Act)’ Link the workers through targeted interventions with the schemes of Department of Rural Development for alternative employment ‘Deen Dayal Antyodaya national Rural Livelihood Mission’ and ‘Mahatma Gandhi National Rural Employment Guarantee Act’ Implement population based screening guidelines for NCDs through ESIC and other government schemes. Protect child workers involved in beedi cottage industries through National Child Labour Policy and develop a policy to prohibit beedi rolling at home.

*Important policy options/actions have been prioritized and are highlighted in bold text

11.	Ministry of Social Justice and Empowerment	<ul style="list-style-type: none"> • To develop a comprehensive National Alcohol Policy (draft policy may include restriction on physical availability of retailed alcohol via reduced hours of sale, uniform minimum legal age for purchase and consumption of alcohol, ban on direct and indirect promotion of alcoholic beverages including sponsorship and activities targeting youth, provision of psychosocial intervention for persons having harmful use of alcohol inter alia) • Raise awareness with focus on marginalized population about alcohol and substance abuse harms • Strengthen 'Central Sector Scheme of Prevention of Alcoholism and Substance Abuse' to rehabilitate victims of alcoholism, substance abuse
12.	Ministry of Housing and Urban Affairs	<ul style="list-style-type: none"> • Formulate and implement action plan to promote Non-Motorized Transport (such as safe, seamless, user friendly walk ways and cycle track, integrated public transport system, levying high parking fee, public bicycle sharing programme etc) mentioned under National Transport Policy, 2014 • Implement health promoting activities such as setting up parks, providing equipment in parks, walkable streets and improved connectivity of public transport as mentioned in the 'Smart Cities Mission' Guideline (Section 3 Sub section 3.1) and 'Atal Mission for Rejuvenation and Urban Transformation (AMRUT)' Guideline (Section 3, Sub-section 3.1.5 & 3.1.6) • Provision of shared use of School, Community Recreational Centre and other spaces/ resources for promoting physical activity in slum areas and high density population areas • Mandate inclusion of parks, open spaces, NMT inter alia in rapidly growing new and satellite towns to promote physical activity • Expand the mandate of 'Swacch Bharat Mission (Urban)' to include interventions for clean air in urban areas
13.	Department of Sports Ministry of Youth Affairs and Sports	<ul style="list-style-type: none"> • Issue directive to all sports bodies/federations/ associations to prohibit direct and indirect advertisement of tobacco, alcohol, unhealthy foods during sports events and in their premises under National Sports Development Code of India, 2011 • Develop guidelines/regulation to prohibit sponsorship of sports events/teams/ athletes by companies producing products that have negative health externalities (tobacco, alcohol, unhealthy food items etc) • Include role modeling, championship building related to promotive health, as parts of the scheme components (Chapter 3, Section 3.2 & Chapter 5, Section 5.3) of Guidelines for 'Khelo India National Programme for Development of Sports' • Provide incentives to encourage sports activities among adolescents and children under the National Youth Policy, 2014 • Promote 'National Physical Fitness Programme, 2012' to encourage physical activity in all sections of society
14.	Ministry of Food Processing Industries	<ul style="list-style-type: none"> • Stakeholding/Facilitate consultation with food processing industry for voluntary product reformulation and implementation of Food Safety and Standards (Packaging and Labelling) regulations • 'Pradhan Mantri Kisan Sampada Yojana' to improve infrastructure to preserve fruits and vegetables • Indian Institute of Food Processing Technology (IIFPT) to conduct research in technology up gradation to reduce wastage of fruits and vegetables along with Ministry of Agriculture and Farmers Welfare. • Incentivize food processing industry to produce and market healthy food under SAMPADA(National Mission on Food Processing)

*Important policy options/actions have been prioritized and are highlighted in bold text

15.	Ministry of AYUSH	<ul style="list-style-type: none"> • ‘National AYUSH Mission’ to strengthen the availability and accessibility of alternative systems of medicine at primary health care level • Use of AYUSH doctors and other staff for health promotion activities • Promote Yoga for physical activity, may be through new programme. As proposed by MoAYUSH it can be compulsory Yoga training in schools; Yoga training in all government offices and organisation of seminar and workshops in school, colleges, offices, hospitals inter alia • Undertake scientific research to generate evidences on alternative medicine, pharmacological intervention and drug standardization
16.	Ministry of Railways	<ul style="list-style-type: none"> • Promote healthy food that is low in saturated fats, sugar and salt in trains & at railway stations • Establish healthy lifestyle clinics at railway hospitals/clinics for raising awareness about NCDs and associated risk factors among railway staff • Support in generating awareness among general population about NCD risk factors through. <ul style="list-style-type: none"> - Dedicate special awareness train for generating awareness on NCD risk factors. - Tickets, Stations, Wagons, Coaches, Factories and IRCTC SMS based messaging etc. can be used for generating awareness on NCDs • Strictly implement ban on consumption and sale of tobacco products in trains and at railway station premises
17.	Department of Consumer Affairs Ministry of Consumer Affairs, Food and Public Distribution	<ul style="list-style-type: none"> • Use schemes such as ‘Jago Grahak Jago’ ‘National Consumer Helpline -2011’ to raise awareness about NCDs and their risk factors (Call wait time of National Consumer Helpline can be utilized for health promoting messages) • Utilize ‘Price Stabilization Fund’ for increasing the availability of fruits and vegetables • Generate awareness about nutritional labelling of all packaged food among consumers (Legal Metrology Act (Packaged Commodities) (Amendment) Rules, 2016) • Review misleading advertisements to consumers related to tobacco, alcohol and unhealthy food products and take actions including referring as appropriate
18.	Department of Home Ministry of Home Affairs	<ul style="list-style-type: none"> • Monitor COTPA, 2003 implementation status in the Monthly Crime Review Meeting of SHO at district level. • Strengthen Sample Registration System and Medical Certification of Cause of Death to provide real time data on premature mortality from NCDs • Incorporate information on NCDs risk factors and related laws in the training curriculum of Police Forces • Involvement of police force in enforcement of ban on sale and distribution of gutka and related tobacco products under the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 • Enforce penalties for drunk driving mentioned under proposed Motor Vehicle (Amendment) Bill 2016

*Important policy options/actions have been prioritized and are highlighted in bold text

19.	Department of Rural Development Ministry of Rural Development	<ul style="list-style-type: none"> Provide alternative livelihood options to beedi rollers through targeted intervention schemes under 'Deen Dayal Antyodaya National Rural Livelihood Mission (DAY-NRLM' and 'Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)'. Strengthen implementation of healthy lifestyle interventions included in 'Saansad Adarsh Gram Yojana' 'Pradhan Mantri Gramin Awas Yojana' to promote smokeless chulhas in rural settings LIFE-MNREGA scheme to promote skill development among children of Beedi rollers to provide alternative livelihood options
20.	Department of Higher Education Ministry of Human Resource Development	<ul style="list-style-type: none"> Effective implementation of 'National Initiative on Sports and Wellness' scheme to promote physical activity among students Prohibit sales of unhealthy food in educational institutions and promote healthy food options in canteens Implement 'Tobacco Free School' guidelines developed by MoHFW in higher education institute also. Promote and organize events to inform adolescent and youth about healthy lifestyle
21.	Department of Youth Affairs Ministry of Youth Affairs and Sports	<ul style="list-style-type: none"> Include NCDs prevention and control as a criteria to award beneficiaries under 'National Young Leaders Programme' Create awareness about NCD risk factors among youth through schemes such as National Service Scheme, National Youth Corps, National Programme for Youth and Adolescent Development Youth Clubs, Nehru Yuva Kendra Sangathan (NYKS),
22.	Ministry of New and Renewable Energy	<ul style="list-style-type: none"> Accelerate implementation of strategies for replacing fossil biofuels with alternative low emission safe fuels under 'National Biofuel Policy, 2015' Promote improved chulhas (cook stoves) and other low cost technologies to reduce indoor air pollution Research and development of other non-conventional/ renewable sources of energy and programmes relating thereto Expand programme such as Solar City/ Green Building Schemes to rural areas to have programme such as Solar Villages
23.	Ministry of Environment, Forests and Climate Change	<ul style="list-style-type: none"> Enforce penalties on sectors polluting air & water through Central and State Pollution Control bodies Set industry-specific emission and effluent standards Strengthen the surveillance of air quality data at the Central/State Pollution Control Boards for the 'Graded Response Action Plan' Strengthen 'Environment Health Cell' and Strict implementation of Environment Impact Assessments (EIA) of industrial activities as a major tool to minimize air & water pollution Develop and implement low cost and clean technologies to reduce air pollution
24.	Department of Pharmaceutical Ministry of Chemical Fertilizers	<ul style="list-style-type: none"> Strengthen Jan Aushadhi Scheme and other relevant schemes to scale-up low cost generic medicines for NCDs Facilitate production of low cost vaccines for prevention of cancer e.g. Hepatitis B Vaccine, Human Papilloma Virus Vaccine
25.	Ministry of Road Transport and Highways	<ul style="list-style-type: none"> Implement measures to restrict alcohol sales along National Highways Research and development on pollution checking equipment, setting up of accident relief facilities along National Highways Use spaces along National Highways for health promoting messages

*Important policy options/actions have been prioritized and are highlighted in bold text

26.	Ministry of Telecommunication	<ul style="list-style-type: none"> Advocacy with different telecom operators to provide free SMS/IVR services to disseminate health promoting messages Assist in implementation of ehealth records through initiatives such as Bharat Net Programme (infrastructure created by Bharat Net Programme can be used for population based screening programme) Promote caller tunes related to Healthy lifestyle choices
27.	Department of Biotechnology Ministry of Science and Technology	<ul style="list-style-type: none"> Leverage Medical Biotechnology programme to promote research on vaccines, drugs and diagnostics for prevention and control of NCDs Bioenergy programme to support research for reducing household air pollution Expand the scope of Food & Nutrition programme to develop better technologies for food reformulation (reducing salt, saturated fat from food products)
28.	Ministry of Petroleum and Natural Gas	<ul style="list-style-type: none"> Increase coverage of targeted LPG subsidy schemes (PAHAL, UJVALA) Expand the coverage of 'City Gas Distribution (CGD)' network to improve the reach and use of natural gas Take measures to popularizing standard and labelling programme for LPG Domestic Gas in association with Bureau of Energy Efficiency (BEE) and Petroleum Conservation Research Association (PCRA)
29.	Ministry of Electronics and Information Technology	<ul style="list-style-type: none"> Support in implementing mHealth and eHealth interventions through various digital initiatives Enact and enforce the laws to prohibit advertisement, promotion & sale of tobacco, alcohol products to minors through internet based platform (Information and Technology Act,2000)
30.	Department of Agricultural Research and Education Ministry of Agriculture and Farmers Welfare	<ul style="list-style-type: none"> Conduct research for <ul style="list-style-type: none"> - reducing wastage of perishable items - horticulture products that are economically viable and nutritionally beneficial across diverse agro-ecological zones
31.	Ministry of Parliamentary Affairs	<ul style="list-style-type: none"> Include NCD related matters in 'Youth Parliament Competitions/Meetings' held at State/UT levels Support in organizing sensitization workshop for the Hon'ble Members of Parliament
32.	Ministry of Micro, Small and Medium Enterprises	<ul style="list-style-type: none"> Schemes such as 'ASPIRE', 'Market Assistance Scheme', 'Credit Support Programme' support small scale industry for production of healthy processed food, low cost sports equipment Provide alternative livelihood options for beedi rollers under Prime Minister's Employment Generation Programme (PMEGP).
33.	Department of Food and Public Distribution Ministry of Consumer Affairs, Food and Public Distribution	<ul style="list-style-type: none"> Review and revise Import Duty Structure on Edible Oils from time to time to limit the import of unhealthy oils (oils containing high saturated fats) and facilitate availability of healthy oils (polyunsaturated fat containing oils) Conduct research on development of alternative low cost edible oils that are low in saturated fats Ensure access and affordability of food grains (containing high fiber) under TPDS/Welfare Schemes for population in need Directorate of Sugar & Vegetable Oils to carry out measures to regulate domestic price of healthy edible oils (oils containing polyunsaturated fats)

*Important policy options/actions have been prioritized and are highlighted in bold text

34.	Ministry of Tribal Affairs	<ul style="list-style-type: none"> Withdraw support to the activity of 'tendu leaf plucking' and provide support for 'tendu leaf pluckers' to gradually move to alternate forest produce/alternate livelihoods Identify pockets of high risk areas which are prone to noncommunicable disease (pockets with high consumption of tobacco, alcohol) and share the data with MoHFW for implementing necessary interventions
35.	Ministry of Drinking Water and Sanitation	<ul style="list-style-type: none"> Under 'National Rural Drinking Water Programme' ensure availability of safe drinking water which is free from arsenic, fluoride and other toxic elements Include provision under Swacch Bharat Mission (Gramin) to raise awareness among citizen about possible carcinogenic toxins in water
36.	Department of Land Resources Ministry of Rural Development	<ul style="list-style-type: none"> Introduce schemes to motivate rural inhabitants for cultivating local fruits and vegetables under Integrated Watershed Development/Management Programs (IWMP)
37.	Department of Economic Affairs Ministry of Finance	<ul style="list-style-type: none"> Foreign Investment Promotion Board to channelize funds/ grants in health promoting areas/institution
38.	Department of Legal Affairs Ministry of Law and Justice	<ul style="list-style-type: none"> Support in defending legal challenges in implementing COTPA, 2003 and regulation issued under Food Safety and Standard Authority of India Build capacity of different institutions for tackling domestic and international legal challenges (many legal complication may arise while implementing interventions to prevent and control consumption of alcohol, unhealthy food)
39.	Legislative Department Ministry of Law and Justice	<ul style="list-style-type: none"> Support formulation of public health Regulations/ Legislations for prevention and control of risk factors for NCDs <ul style="list-style-type: none"> - regulate advertising, marketing and promotion of unhealthy food to children - uniform minimum age for purchase or consumption of alcoholic beverages - regulate advertising, promotion and sponsorship of alcohol including surrogate advertisement Strengthening of tobacco control laws to make it compliant Framework Convention on Tobacco Control (FCTC)

*Important policy options/actions have been prioritized and are highlighted in bold text

Annex 4

Role of Other Key Stakeholders

Stakeholders	Role	Proposed measures for engagement
Government Ministries	Aligning their policies and programmes to health needs, support implementation	Three tiered mechanism **
State Governments	Policy, legislation development and implementation at ground level in States	Committee of Secretaries at state level under the chairmanship of Chief Secretary , Central Council of Health and Family Welfare, Mission Steering Group, National Health Programme structures, Technical Advisory Groups, Health promotion mechanisms
Private sector	Health Sector – Service Provisioning Industry – adoption of health promoting practices; infrastructure development	Development of guidelines, accreditation procedures, creation of appropriate forums for dialogue through Industry/Business Associations Health promotion mechanisms
Civil Society Organizations	Advocacy, support implementation, capacity building	Development of guidelines, creation of appropriate forums for dialogue through their associations, Interministerial Committee Health promotion mechanisms, Technical Advisory Groups
International/Developmental Partners	Advocacy, resource generation and alignment of their programmes, capacity building	Interministerial Committee Health promotion mechanisms, Technical Advisory Groups

** Within the Government, in order to prepare an integrated and concerted response, the strategy proposes a three-tier structure for fostering interministerial work. Prevention and control interventions for NCDs are multisectoral in nature. There is always possibility of conflict or paucity of agreement on certain actions on interventions among different stakeholders, such issues shall be brought to Committee of Secretaries for resolution. At the second tier, Interministerial Committee on NCD chaired by Secretary (Health and Family Welfare) will be established. Nodal officers of Joint Secretary Rank in each of the identified Ministries will implement and harmonize interministerial policies and actions. This committee will provide overall guidance for all interministerial actions. IMC may decide upon issue to be brought in Committee for Secretaries for resolution. At the third tier, technical advisory groups largely based on a particular issue or risk factor (tobacco, alcohol, unhealthy diet, physical inactivity, household air pollution etc.) will be constituted to prepare detailed action plan for each of them.

Annex 5

National Response to NCDs

Targets and Indicators - National Monitoring Framework for Prevention and Control of NCDs

National NCD Monitoring Framework

S.No.	Framework element	Targets		
		Outcome	2020	2025
1.	 Premature mortality from NCDs	Relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease	10%	25%
2.	 Alcohol use	Relative reduction in alcohol use	5%	10%
3.	 Obesity and diabetes	Halt the rise in obesity and diabetes prevalence	No mid-term target set	Halt the rise in obesity and diabetes prevalence
4.	 Physical inactivity	Relative reduction in prevalence of insufficient physical activity	5%	10%
5.	 Raised blood pressure	Relative reduction in prevalence of raised blood pressure	10%	25%
6.	 Salt/sodium intake	Relative reduction in mean population intake of salt, with aim of achieving recommended level of less than 5gms per day	20%	30%
7.	 Tobacco use	Relative reduction in prevalence of current tobacco use	15%	30%
8.	 Household indoor air pollution	Relative reduction in household use of solid fuels as a primary source of energy for cooking	25%	50%
9.	 Drug therapy to prevent heart attacks and strokes	Eligible people receiving drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes	30%	50%
10.	 Essential NCD medicines and basic technologies to treat major NCDs	Availability and affordability of quality, safe and efficacious essential NCD medicines including generics, and basic technologies in both public and private facilities	60%	80%

National Monitoring Framework for Prevention and Control of Noncommunicable Diseases
NCD TARGETS and INDICATORS

S.NO.	Framework element	Targets			Indicators
		Outcomes	2020	2025	
Mortality and morbidity					
1.	Premature mortality from NCDs	Relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease	10%	25%	1. Unconditional probability* of dying between ages 30-70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease 2. Cancer incidence, by type of cancer, per 10,00,00 population
NCD Risk factors					
2.	Alcohol use	Relative reduction in alcohol use	5%	10%	3. Age standardised prevalence of current alcohol consumption in adults aged 18+ years
3.	Diabetes and obesity	Halt the rise in obesity and diabetes prevalence	No mid-term target set	Halt the rise in obesity and diabetes prevalence	4. Age standardised prevalence of obesity among adults aged 18+ years (defined as body mass index greater than 30 kg/m^2) 5. Prevalence of obesity in adolescents (defined as two standard deviations BMI for age and sex overweight according to the WHO Growth Reference) 6. Age standardised prevalence of raised blood glucose/diabetes among adults aged 18+ years (defined as fasting plasma glucose value 126 mg/dl or on medication for raised blood glucose)
4.	Physical inactivity	Relative reduction in prevalence of insufficient physical activity	5%	10%	7. Age standardised prevalence of insufficient physical activity in adults aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent) 8. Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes per day of physical activity)
5.	Raised blood pressure	Relative reduction in prevalence of raised blood pressure	10%	25%	9. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure $\geq 140 \text{ mmHg}$ and/or diastolic blood pressure $\geq 90 \text{ mmHg}$) and mean systolic blood pressure
6.	Salt/sodium intake	Relative reduction in mean population intake of salt, with aim of achieving recommended level of less than 5 gms per day	20%	30%	10. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.
7.	Tobacco use	Relative reduction in prevalence of current tobacco use	15%	30%	11. Age standardised prevalence of current tobacco use (smoking and smokeless) among adults aged 18+ years 12. Prevalence of current tobacco use (smoking and smokeless) among adolescents
8.	Household air pollution	Relative reduction in household use of solid fuels as a primary source of energy for cooking	25%	50%	13. Proportion of households using solid fuels as a primary source of energy for cooking
		Additional indicator			14. Age standardised prevalence of adults (aged 18+ years) consuming less than five total servings (400 gms) of fruit and vegetables per day
National systems response					
9.	Drug therapy to prevent heart attacks and strokes	Eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	30%	50%	15. Proportion of eligible adults (defined as aged 40 years and older with a 10-year cardiovascular risk greater than or equal to 30% including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
10.	Essential NCD medicines and basic technologies to treat major NCDs	Availability and affordability of quality, safe and efficacious essential NCD medicines including generics, and basic technologies in both public and private facilities	60%	80%	16. Availability and affordability of quality, safe and efficacious essential NCD medicines including generics, and basic technologies in both public and private facilities
11.	Additional indicators				17. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer 18. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (Hep B3) administered to infants 19. Proportion of women aged between 30-49 screened for cervical cancer at least once 20. Proportion of women aged 30 and above screened for breast cancer by clinical examination by trained health professional at least once in lifetime 21. Proportion of high risk persons (using tobacco, smoking and smokeless and betel nut) screened for oral cancer by examination of oral cavity

* Not dependent on probability of other causes of death

National Programmes to address Noncommunicable Diseases

1. National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular Diseases and Stroke (NPCDCS)

National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS) was launched on 4th January 2008 as a pilot in 10 states covering one district each. An integrated program called National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 by merging the National Cancer Control Programme with the pilot programme. By the end of 2014-15, the programme shall be covering 364 districts in 36 States/ UTs in the country. The integration of services at district level and beyond has been brought under the umbrella of National Health Mission.

The objectives of NPCDCS are

- i) Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.;
- ii) Opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged;
- iii) Prevent and control chronic noncommunicable diseases, especially Cancer, Diabetes, CVDs and Stroke;
- iv) Build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation;
- v) Support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

The strategies being adopted under the programme are prevention through behaviour change, early diagnosis, treatment, capacity building of human resource and surveillance, monitoring & evaluation.

For 2015-16, 1.26 crore (12.6 million) persons have been screened for diabetes and hypertension. These suspected patients were referred to higher facilities for further management.

As on December 2016, infrastructure set up under - NPCDCS

- State NCD Cell in 36 states
- District NCD cells in 377 Districts
- District NCD clinic in 367 Districts
- CHC NCD Clinics in 2072 CHCs
- Cardiac Care Units in 124 Districts
- Chemotherapy services started in 71 District Day Care Centres

NPCDCS aims to integrate NCD interventions in the NHM framework for optimization of resources and provision of seamless services to the end users/patients as also to ensure long term sustainability of interventions. Thus, the institutionalization of NPCDCS at district level within the District Health Society, sharing administrative and financial structure of NHM becomes a crucial programme strategy for NPCDCS. The NCD cell at various levels will ensure implementation and supervision of the programme activities related to health promotion, early diagnosis, treatment and referral, and further facilitate partnership with laboratories for early diagnosis in the private sector. Simultaneously, it will attempt to create a wider knowledge base in the community for effective prevention, detection, referrals and treatment strategies through convergence with the ongoing interventions of National Health Mission (NHM), National Tobacco Control Programme (NTCP), and National Programme for Health Care of the Elderly (NPHCE) etc. and build a strong monitoring and evaluation system through the public health infrastructure.

Tertiary Care Cancer Centre (TCCC) scheme under NPCDCS

Tertiary Care Cancer Centre (TCCC), scheme is being implemented under NPCDCS under which State Cancer Institutes (SCI)/Tertiary Care Cancer Centres will provide comprehensive cancer diagnosis, treatment and care services. SCI will be the apex institution in the State for Cancer related activities. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale. Patients screened for cancer under NPCDCS and other Government programmes will get tertiary care diagnosis and treatment at TCCCs and SCIs. Under the scheme, there is provision of providing one time grant up to INR 120 crore for SCI and up to INR 45 crore for TCCC including State share. This grant would be used for procurement of equipment and building construction. The Centre to State share is in the ratio of 60:40 (except for North-Eastern and Hilly States, where the share is 90:10). Setting up of 13 TCCCs and 11 SCIs has been approved.

Population-based Screening of Common NCDs under NHM

Government of India has initiated an intervention to universally screen individuals above 30 years for hypertension, diabetes and three common cancers i.e. Oral, Cervix and Breast. The intervention will be rolled out with support of District Health Society in close coordination with NCD cell of NPCDCS. The intervention also includes strategies for community based assessment of risk factors, enrolling persons in family cards, raising awareness of communities about NCD risk factors, and referring high risk persons to nearest health facility for appropriate diagnosis and management of NCDs. Free diagnostic and treatment, and necessary referral and back referral will be provided to the individuals diagnosed with NCDs. The strategies also include developing IT based health information system and e-family health folder. 100 districts are identified to start the programme.

2. The National Tobacco Control Programme (NTCP)

The National Tobacco Control Programme (NTCP) was launched by the Ministry of Health and Family Welfare(MoHFW) , Government of India in 2007 - 08, during the 11th Five Year Plan, with the objectives of bringing about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws and to facilitate effective implementation of the Tobacco Control Laws. The interventions under the National Tobacco Control Programme (NTCP) have been largely planned at the primordial and primary levels of prevention. The main thrust areas for the NTCP are as follows:

- a) Training of health and social workers, NGOs, school teachers, enforcement officers etc.
- b) Information, Education and Communication (IEC) activities.
- c) School Programmes.
- d) Monitoring tobacco control laws.
- e) Coordination with Panchayati Raj Institutions for village level activities.
- f) Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level

3. National Mental Health Programme (NMHP)

The National Mental Health Programme was initiated in 1982 keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it. The NMHP has the following objectives:

- To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
- To encourage the application of mental health knowledge in general healthcare and in social development; and
- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

(Source: <http://www.mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=2381&lid=1962>)

4. National Programme for Health Care of the Elderly (NPHCE)

National Programme for Health Care of the Elderly (NPHCE) was launched during the year 2010, in the 11th Plan period, to address various health related problems of elderly people. The major components of the NPHCE during 11th Five Year Plan were establishment of 30 bedded Department of Geriatric in 8 identified Regional Geriatric Centres in different regions of the country and to provide dedicated geriatric health care facilities in District Hospitals, CHCs, PHCs and Sub Centres level in 100 identified districts of 21 States. The Programme has been initiated in all the 100 selected districts in 21 States. It is proposed to cover 225 more districts during the 12th Five Year Plan in a phased manner and develop 12 additional Regional Geriatric Centres in selected Medical Colleges of the country. The Regional Geriatric Centres will provide technical support to the geriatric units at district hospitals whereas district hospitals will supervise and coordinate the activities down below at CHC, PHC and Sub-Centres.

5. National Oral Health Programme

National Oral Health Programme, a project of DGHS and Ministry of Health & Family Welfare was initiated in 1998 with aim of providing oral health care in the country through organized primary prevention and strengthening of Oral health setup as per the recommendations made in National Oral Health Policy.

The programme has 3 basic components

- To provide oral health education to masses through a network of Dental Surgeons, Health Care Workers, Anganwadi Workers and Schoolteachers;
- To produce Information, Education and Communication material (IEC) to train the Health Workers and for conveying oral health messages to the people through mass media;
- To formulate guidelines to strengthen oral health set-up at District level, Community Health Centers and Primary Health Centers.

(Source: <http://mohfw.nic.in/index1.php?lang=1&level=1&sublinkid=2616&lid=2016>)

6. National Programme for Palliative care (NPPC)

NPPC was launched with the goal of providing available and accessible rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

The objectives include

- (i) Improving the capacity to provide palliative care service delivery within government health programmes such as the National Programme for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, and Stroke; National Programme for Health Care of the Elderly; the National AIDS Control Programme; and the National Rural Health Mission.
- (ii) Refining the legal and regulatory systems and support implementation to ensure access and availability of opioids for medical and scientific use while maintaining measure for preventing diversion and misuse.
- (iii) Encouraging attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).
- (iv) Promoting behaviour change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.
- (v) encouraging and facilitate delivery of quality palliative care services within the private health centres of the country.
- (vi) Developing national standards for palliative care services and continuously evolve the design and implementation of the National programme to ensure progress towards the vision of the programme.

It is envisaged that activities would be initiated through the National Programme for prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke. The funding of this initiative is through NCD flexipool under the National Health Mission. Working across ministries of health and finance, the programme will also ensure that the national laws and regulations for access to medical and scientific use of opioids are implemented.

